

DATE: _____

**Request to Change
STUDENT INFORMATION IN ZANGLE/Q**

STUDENT NAME(S): _____

NAME OF PARENT/GUARDIAN REQUESTING CHANGE: _____

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CHANGE OF ADDRESS: _____

ANCHORAGE, ALASKA

ZIP CODE: _____

Please provide a proof of address – gas/water/electric bill OR lease agreement/military housing.

LIST ALL PERSONS IN HOUSEHOLD & relationship to student (including all ASD students)

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UPDATE PRIMARY CONTACT INFORMATION:

Name of Contact: _____

Relationship with student: _____ Cell: (____) _____

Work: (____) _____ Home: (____) _____

Email: _____

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EMERGENCY CONTACT INFORMATION: ADD UPDATE DELETE

Name of Contact: _____

Relationship with student: _____

Phone: (____) _____ TYPE: CELL HOME WORK