

Jamaica Theological Seminary Office of the Registrar

14-18 West Avenue, Kingston 8, Information: (876) 969-8211; 969-8803/ Fax: (876) 925- 9129

Change of Citizenship or Visa

Personal Information	
Student ID Number:	E-mail:
Name:	
Local Address:	
City/State/Zip:	Phone:
Citizenship/Visa Information	
Current Information:	
Citizenship:	
Visa Type:	
Updated Information:	
Citizenship:	
Visa Type:	
I Certify that I am the above named person o	and the information I have provided is accurate
Student's Signature:	Date:
Off	fice Use Only
Verified by:Signature	Date:
Passport #:	
Registrar's Signature:	Date: