Benedictine University

Informing today—Transforming tomorrow

Benedictine University
5700 College Road
Lisle, IL 60532
Fax: 630-829-6456

Change of Student Information

Previous Information

Date: ____________

Social Security Number: ______________________________or Student ID Number:____________________

Name: ____

Address: ____

City: ____State: _________________Zip: __________________

Phone Number: ____

(Check one)
Is this still your parent's home address: Yes_______ No_______
If yes, will you return to this address after the school year? Yes_______ No_______

New Information

Name: ____
****Supporting legal documentation required for name change****

Address: ____

City: _______________________________________State: _________________Zip: __________________

Phone Number: __________________________________ County: ________________________________

Reason for Change: ____

Is this information (circle one): Permanent Temporary
Date in effect: ____

Religious Preference: ____

Signature: ____

Please return form to Benedictine Central to be put into student's academic file.

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For Office Use Only

Student ID Number: _____________________________

Office Generating Form: ____

Name and Date of Employee Recording Change: ____