

Please return completed form to the Office of the Registrar, LOWNIK 103,
or scan in and email to bencentral@ben.edu

PART I Previous Information

Please Print

Date _____

Benedictine Student ID Number _____ Email _____

Name _____
Last First Middle Initial

Address _____

City _____ State _____ Zip _____

Phone Number* _____ County _____

(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

PART II New Information

Please Print

Reason for Change _____

Name _____
Last First Middle Initial

Supporting legal documentation is required for name changes (i.e. court documents, marriage certificate, divorce papers, etc.)

Address _____

City _____ State _____ Zip _____

Phone Number* _____ County _____

Type of address

Work Home Local Temporary Dates in effect _____

E-mail _____

AUTHORIZED _____

Student Signature

Date

At this time, all signatures, where required, must be hand-written on the form

*Please note that the phone number listed on this form is used for the BenAlert Emergency Notification System.
To update other contact information in that system, please go to www.ben.edu/benalert for more details.

PART III Recording New Information

Office Use Only

Student ID Number _____

Office Generating Form _____

Name and Date of Employee Recording Change _____