

Return completed form with signatures via BenU email to the Office of the Registrar, Registrars@ben.edu

PART I Previous Information

Date _____

BenU ID Number _____ BenU Email _____

Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

County _____ Email address _____

Phone Number** _____ Mobile _____ or Home _____ or Other _____

Type of address:☐ Home ☐ Mailing ☐ Local ☐ Campus ☐ Work Dates in effect _____**PART II New Information**

Reason for Change* _____

Please fill out below with your full name:

Degree*	
Primary*	
Preferred	

**Supporting legal documentation is required for any primary and degree name changes (i.e. court documents, marriage certificate, divorce papers, etc.) or if correcting error found on student record.*

Address _____

City _____ State _____ Zip _____

County _____ Email address _____

Phone Number** _____ Mobile _____ or Home _____ or Other _____

Type of address:☐ Home ☐ Mailing ☐ Local ☐ Campus ☐ Work Dates in effect _____**AUTHORIZED** _____
Student Signature Date

**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**

Name and Date of Employee Recording Change _____