

Please return completed form to the Office of the Registrar, Registrars@ben.edu

PART I Previous Information

Date _____

Benedictine Student ID Number _____ Email _____

Name _____
Last First Middle Initial

Address _____

City _____ State _____ Zip _____

Phone Number* _____ County _____

Type of address: Work Home Local Temporary Dates in effect _____

PART II New Information

Reason for Change _____

Type of Name: Primary* Preferred Degree*Name _____
Last First Middle Initial

**Supporting legal documentation is required for primary name and degree first and last name changes (i.e. court documents, marriage certificate, divorce papers, etc.) **

Address _____

City _____ State _____ Zip _____

County _____ Email address _____

Phone Number* _____ Cell _____ or Home _____

Type of address: Work Home Local Temporary 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 _____