

Change of Student Information Form

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|--|------------------------|-----------------|
| Student ID#: | Last 4 digits of SSN#: | Date: |
| Previous Information | | |
| First Name: | Last Name: | Middle Initial: |
| Address: | | |
| City: | State: | Zip: |
| Phone number: | | |
| Is this still your parent's home address? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, will you return to this address after the school year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| New Information | | |
| First Name: | Last Name: | Middle Initial: |
| <i>**Supporting legal documentation is required for name changes** (ie: court documents, marriage certificate, divorce papers, etc.)</i> | | |
| Address: | | |
| City: | State: | Zip: |
| Phone Number: | | County: |
| Reason for Change: | | |
| Type of address: | | |
| E-mail: | | |
| Signature: | | |
| <i>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.</i> | | |
| For Office Use Only | | |
| Processed by: | | Date: |

Return this form to the Office of the Registrar