Benedictine University

Informing today—Transforming tomorrow

Benedictine University
5700 University Road
Lisle, Illinois 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: ____

E-Mail ID: Home: ____________________________ Work: ____________________________

(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: ____

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For Office Use Only

Student ID Number: ______________________________

Office Generating Form: ____

Name and Date of Employee Recording Change: ____

Please return to your Academic Program Coordinator.