



Please return completed form to the Office of the Registrar, <mailto: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 _____

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 _____

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 _____