

Blessing-Rieman College of Nursing & Health Sciences

STUDENT INFORMATION CHANGE FORM

All students are required to complete the following form, including signature, and return to the Registrar's office when any of the following student information changes. Proof of legal name change must accompany this form.

PLEASE PRINT

Student Name: _____

Student Signature Required: _____ **Date:** _____

ADDRESS/PHONE NUMBER CHANGE

Check all that apply: Local Home Billing

New Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Telephone Number(s): Home: () _____ - _____

Cell: () _____ - _____

NAME CHANGE

Proof of legal name change must accompany this form (i.e., marriage license, driver's license, court document)

PREVIOUS Last Name: _____ First: _____ Middle: _____

NEW Last Name: _____ First: _____ M. I.: _____ Maiden Name: _____

Preferred Name/Pronoun (used in lieu of legal name, internally only): _____

Sex/Gender Marker Change: _____

(see Gender Equity Policy in Student Handbook for more details)

Return Form To:

Blessing-Rieman College of Nursing & Health Sciences

Attn: Registrar

P.O. Box 7005

Quincy, IL 62305

Or Fax to: (217) 223-1781