CURRENT STUDENT DATA UPDATE FORM

To complete a name change with the college; you must provide us with a driver's license or legal document, such as a marriage certificate of other court document. You must also provide this documentation to the Registrar's Office at Rockhurst as well if you are in the BSN program.

CURRENT INFORMATION ON FILE

Please print all information

OFFICIAL NAME ON RECORD:____

Date of Birth:______/______/______(*for verification purposes*)

●●

NEW INFORMATION

NAME:____
First Middle Last

ADDRESS:____APT:_______________

CITY:____STATE:_____________ZIP:_________________

HOME PHONE:__(_____)________________________ CELL PHONE:__(_____)________________________

Indicate which address(es) you want changes made to: Check all that apply

_____Permanent/Home Address

_____Campus/Local Address

_____Billing Address

____
Signature **Date**

Mail or FAX to:
Research College of Nursing
Office of Student Affairs
2525 East Meyer Boulevard
Kansas City, MO 64132
FAX: (816) 995-2813

FOR OFFICE USE ONLY
CC:
Sheryl Max___________
Camelia Williams______
Stacie Withers________
Lynn Warmbrodt______

Revised 9/2014