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*)

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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
Registrar Office
2525 East Meyer
Boulevard Kansas City, MO
64132 FAX: (816) 995-2805

FOR OFFICE USE ONLY
CC:
Sheryl Max ________
Erica Ramirez ________
Stacie Withers________
Graduate PD ________

Revised 10/2018