

## **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:/	or verification purposes)	
••••••	NEW INFORMATION	•••••••
NAME:		
First	Middle	Last
ADDRESS:		APT:
CITY:	STATE:	ZIP:
HOME PHONE:()	CELL PHONE:(_	))
Indicate which address(es) you want ch	langes 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:
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