



**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:**  
registrar@brcn.edu  
Blessing-Rieman College of Nursing & Health Sciences  
Attn: Registrar  
3609 N Marx Drive  
Quincy, IL 62305  
Or Fax to: (217) 223-1781