



# Change of Personal Information

Resurrection University  
Office of the Registrar  
1431 N. Claremont Ave  
Chicago, IL 60622

## Instructions

1. Fill out the request form in its entirety
2. Allow for at least two business days for processing (longer wait times during peak periods in the semester)
3. Submit this form to the Registrar's Office

## SECTION 1: Previous/Current Student Information

Name: \_\_\_\_\_ Student ID# or Last 4 Digits of SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Student  Alumni; Year of Graduation: \_\_\_\_\_  Other

## SECTION 2: New/Change of Name

Please provide a RESU or government-issued photo ID **AND** one of the following required documentation:

Marriage Certificate  Divorce Decree  Court-Issued Name Change  Adoption Papers

First Name:	_____
Middle Name:	_____
Last Name:	_____

## SECTION 3: New/Change of Personal Information

Address Type:

Billing  Mailing  Permanent  Temporary; Effective from \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number (if new): \_\_\_\_\_

Email Address (if new): \_\_\_\_\_

Changing your date of birth will require a RESU or government-issued photo ID **AND** one of the following:

State ID  Passport  Birth Certificate

Changing your SSN will require a RESU or government-issued photo ID **along with** a Social Security card indicating the updated SSN.

## SECTION 4: Student Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only:</b>	
Processed by: _____	Date: _____