



REQUEST FOR CHANGE OF PERSONAL DATA
Please PRINT all information (except signature) to ensure accuracy.

Name: _____ Social Security Number (last four) or Student ID#: _____
My signature authorizes my request to have the information changed in my student record:

Signature: _____

Date: _____

NAME CHANGE (Must present copy of Marriage License, Divorce Decree, Court Order Name Change or other official document)

FROM: _____ TO: _____

NOTE: If you are a TCH employee, you must also fax a copy of your newly signed social security card to HR (#263-1582). Once HR has received this information the request to change your name for Citrix and email will be completed.

Within five business days you will receive a new Blackboard logon, email logon and email address.

ADDRESS CHANGE

FROM: _____ TO: _____
NUMBER / STREET NUMBER / STREET

FROM: _____ TO: _____
CITY / STATE / ZIP CITY / STATE / ZIP

PHONE NUMBER CHANGE

FROM: () _____ TO: () _____ HOME

FROM: () _____ TO: () _____ BUSINESS

FROM: () _____ TO: () _____ CELL

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME: _____

RELATIONSHIP: _____ PHONE: () _____

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