St. John's College Department of Nursing
729 E. Carpenter Street Springfield, IL 62702

Information Add/Change Form

Please Print Clearly. When complete, please mail to address above.

Date: _____

First Name: _____ Last Name: _____

Notice to Change Name to: _____

Effective Date: _____

-Current students must provide legal proof of name through a certified or notified document such as a marriage license.

Change (Add) Address to:
_____

City/State/ZIP:
_____

Permanent: __ Local: __ Summer: __

Previous Address:
_____

City/State/ZIP:
_____

Change (Add) Phone Number to: (____) _____

Phone Type:
Home: __ Cell: __ Work: __

Previous Phone Number: (____) _____

Change Email to: _____