Office of the Registrar
1401 19th Street, Denver, CO 80202
Phone: 303-292-0015
Fax: 720-833-3916

Student Information Change Form

NAME:_____
Last First Middle

NAME CHANGE (Please complete updated name change below)
For name changes, a copy of the official documentation (i.e., documentation showing the previous and new name, ex. marriage certificate, divorce decree, or court authorization granting name change) must be attached.

NEW NAME:_____
Last First Middle

ADDRESS CHANGE (Please complete updated address information below)

ADDRESS:_____

CITY: _____ STATE: _____ ZIP: _____

PHONES: Home: _____ Work: _____

Cell: _____ e-mail:_____

SOCIAL SECURITY NUMBER CHANGE (Please indicate correct SSN # below)
For corrections to social security numbers, a copy of your social security card must be attached to this form for the change to be processed.

_____-_____-_____

_____ _____
Signature Date

I declare that the information supplied by me on this form is true and complete to the best of my knowledge. I authorize this change of information for records pertaining to me held or maintained by the Denver School of Nursing. I understand that any falsification of information or intentional misuse of this form may be grounds for disciplinary action, up to and including dismissal from the College.