



Records Office Change of Information Form (Name, Address)

Date of request: _____

NAME CURRENTLY SHOWN ON YOUR RIC RECORDS: (PLEASE PRINT CLEARLY)

First _____ MI _____ Last _____ Suffix _____

Student ID#: _____ Date of birth (mmddyyyy): _____ Last 4 Digits of SSN: _____

RIC Email Address: _____ Phone (c): _____

Status: Undergraduate Student Graduate Student Alum

CHANGE OF NAME

PRIMARY NAME Primary name is a student's legal name (i.e., birth, marriage, divorce, court order, etc.). The primary name will appear on transcripts. Official documentation is required for a change in primary name. Documentation may be scanned and emailed to records@ric.edu or mailed to Rhode Island College, Records Office, 600 Mt. Pleasant Ave, Providence, RI 02908.

New Primary Name

Prefix (Mr, Ms etc) _____ First _____ Middle _____ Last _____ Suffix _____

PREFERRED NAME A student may request the use of a preferred name (not yet a legal change) for a variety of circumstances including a difficult name pronunciation, student who uses middle name instead of first name, domestic issue, student in transition, etc. A preferred name will appear on class and grade rosters, RIC Campus ID, RIC email, student health records and diploma. The preferred name *will not* appear on official transcripts. Official documentation is *not* required for a change in preferred name.

New Preferred Name

Prefix (Mr, Ms etc) _____ First _____ Middle _____ Last _____ Suffix _____

CHANGE OF HOME ADDRESS (current students may change their mailing address through their MyRIC account)

Effective date for change: _____

Address _____

City _____ State _____ Zip _____

AUTHENTICATION/ELECTRONIC SUBMISSION

I certify that I am _____ and that the information is true and correct. I authorize Rhode Island College to update the above information.

If you feel you need to speak with the Director of Records about a change you are requesting, please contact Tamecka Hardmon, Director of Records at thardmon@ric.edu or 401-456-8213.