

COLLEGE OF
Saint Benedict  **Saint John's**
UNIVERSITY

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320-363-3396
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Registrar's Office

Date: _____

MEMO TO: Students with 2nd Parent Addresses
FROM: Julie Gruska, Registrar
RE: Second Parent or Next-of Kin Information

At this time our office is reviewing the information we have regarding students who have parents living at two different addresses or a second next-of-kin on the system.

Please complete the information below and return this form to the **CSB Registrar's Office, Academic Services Building** as soon as possible.

Your Name _____
(Last) (First) (M.I.) Banner ID Number

First Next-of-Kin Name _____
(Permanent address or parent who claims you as a dependent)

Relationship _____ Phone Number _____

(Street 1) _____

(Street 2) _____

(City, State, Zip Code) _____

Second Next-of-Kin Name _____

Relationship _____ Phone Number _____

(Street 1) _____

(Street 2) _____

(City, State, Zip Code) _____

Signature of Student to release information to Second Next of Kin _____

If you have any questions, please contact the Registrar's Office at 363-5158. Thank you for your cooperation.