

37 South College Avenue
Saint Joseph, Minnesota 56374
320-363-5260

P.O. Box 5511
Collegetown, Minnesota 56321
320-363-3396
Fax: 320-363-2714

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.