

Information on File

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|--|---|--|--|---|--|--|---|--|--|--|---|--|--|--|--|---|--|--|---|--|--|--|--|
| Student ID #: <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 10%;">A</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> | A | | | | | | | | | | Social Security Number: <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> | | | | | - | | | - | | | | |
| A | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | - | | | - | | | | | | | | | | | | | | | | |
| Last Name on file: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | First Name on File: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | | | | | | | | | | | | | | | | |

New Updated Information



Please place a check mark in the section(s) below which you are providing new information & attach the required documentation.

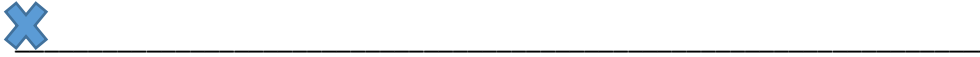
| | | | | | | | |
|---|--|---|--|-------------------------------|---------------------|--|--|
| <input type="checkbox"/> | Name Change | | | | | | |
| Required documentation for name change, is one of the listed, fully executed documents: | <ol style="list-style-type: none"> 1. Copy of a Marriage Certificate <u>or</u> 2. Copy of a Divorce Decree <u>or</u> 3. Other certified legal documentation permitting the name change <p>Please Note: A driver's license or Social Security Card <u>cannot</u> be used for a name change.</p> | | | | | | |
| New Last Name: (different than above) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | New First Name: (different than above) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | |
| <small>OFFICE USE ONLY</small> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><small>Name Change Docs Rec'd -Only</small></td> </tr> <tr> <td style="width: 50%;"><small>Staff Initials</small></td> <td style="width: 50%;"><small>Date</small></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> | | <small>Name Change Docs Rec'd -Only</small> | | <small>Staff Initials</small> | <small>Date</small> | | |
| <small>Name Change Docs Rec'd -Only</small> | | | | | | | |
| <small>Staff Initials</small> | <small>Date</small> | | | | | | |
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|-------------------------------|---------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|-------------------------------|---------------------|--|--|
| <input type="checkbox"/> | Correction Date of Birth | Birth Certificate Required for change | M | M | / | D | D | / | Y | Y | Y | Y | <small>B/C rec'd & processed</small> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>Staff Initials</small></td> <td style="width: 50%;"><small>Date</small></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> | <small>Staff Initials</small> | <small>Date</small> | | |
| <small>Staff Initials</small> | <small>Date</small> | | | | | | | | | | | | | | | | |
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|-------------------------------|------------------------|-------------|--|--|---|--|--|---|--|--|--|--|---|-------------------------------|---------------------|--|--|
| <input type="checkbox"/> | Phone Number(s) | Home | | | - | | | - | | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>Staff Initials</small></td> <td style="width: 50%;"><small>Date</small></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> | <small>Staff Initials</small> | <small>Date</small> | | |
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| <input type="checkbox"/> | Address Change | Required Documentation: Recently dated (within 6 months) utility, bank or credit card statement, or NYS license or ID or auto insurance card or statement or voter registration. Must be in students name and include the new physical address. | | | | | | |
| New Permanent Address: (Physical Address only, <u>No</u> P.O. Boxes) | | | | | | | | |
| Street: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | City/town: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | |
| State: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Zip Code: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | County: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | |
| New Mailing Address: (<u>Only</u> if different than above) | | | | | | | | |
| Street/PO Box: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | City/town: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | |
| State: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Zip Code: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <small>Office Use Only</small> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><small>Postmarked mail Rec'd/ Processed</small></td> </tr> <tr> <td style="width: 50%;"><small>Staff Initials</small></td> <td style="width: 50%;"><small>Date</small></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> | <small>Postmarked mail Rec'd/ Processed</small> | | <small>Staff Initials</small> | <small>Date</small> | | |
| <small>Postmarked mail Rec'd/ Processed</small> | | | | | | | | |
| <small>Staff Initials</small> | <small>Date</small> | | | | | | | |
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By signing this document, I confirm I have requested the above changes and have attached the required documentation. I authorize SUNY Orange to contact me at the address(es) and/or phone numbers provided.


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/20

Student's Signature
Date

Please Note: This form is not to be utilized to correct **Social Security Numbers**. To correct a Social Security Number, students must complete a W-9 or Alternative W-9, and provide a copy of their Social Security Card.