

Information on File

Student ID #:	Social Security Number:																				
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A																					
			-			-															
Last Name on file:	First Name on File:																				

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)	New First Name: (different than above)
OFFICE USE ONLY	
Name Change Docs Rec'd -Only	
Staff Initials	Date

<input type="checkbox"/>	Correction Date of Birth	Birth Certificate Required for change	M	M	/	D	D	/	Y	Y	Y	Y	B/C rec'd & processed	
													Staff Initials	Date

<input type="checkbox"/>	Phone Number(s)	Home			-			-					Staff Initials	Date
													Staff Initials	Date

<input type="checkbox"/>	Address Change	Required Documentation: Recent postmarked mail with student's name & the new address
New Permanent Address: (Physical Address only, <u>No</u> P.O. Boxes)		
Street:		City/town:
State:	Zip Code:	County:
New Mailing Address: (<u>Only</u> if different than above)		
Street/PO Box:		City/town:
State:	Zip Code:	Office Use Only
		Postmarked mail Rec'd/ Processed
Staff Initials		Date

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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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.