

Information on File

Student ID #:	Social Security Number:
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.

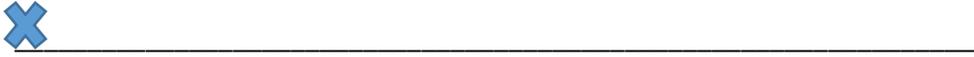
<input type="checkbox"/> Name Change							
<p>Required documentation for name change, is one of the listed, fully executed documents:</p>	<ol style="list-style-type: none"> 1. Copy of a Marriage Certificate <u>or</u> 2. Copy of a Divorce Decree <u>or</u> 3. Other certified legal documentation permitting 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)						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="font-size: small;">OFFICE USE ONLY</th> </tr> <tr> <td style="font-size: x-small;">Name Change Docs Rec'd -Only</td> <td style="font-size: x-small;">Date</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>		OFFICE USE ONLY		Name Change Docs Rec'd -Only	Date		
OFFICE USE ONLY							
Name Change Docs Rec'd -Only	Date						

<input type="checkbox"/> Correction Date of Birth	Birth Certificate Required for change	M	M	/	D	D	/	Y	Y	Y	Y	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="font-size: x-small;">B/C rec'd & processed</th> </tr> <tr> <td style="font-size: x-small;">Staff Initials</td> <td style="font-size: x-small;">Date</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	B/C rec'd & processed		Staff Initials	Date		
B/C rec'd & processed																		
Staff Initials	Date																	

<input type="checkbox"/> Phone Number(s)	Home			-			-							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Staff Initials</td> <td style="font-size: x-small;">Date</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Staff Initials	Date		
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Staff Initials	Date																	

<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, No P.O. Boxes)									
Street:		City/town:							
State:		Zip Code:	County:						
New Mailing Address: (Only if different than above)									
Street/PO Box:		City/town:							
State:		Zip Code:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="font-size: x-small;">Office Use Only</th> </tr> <tr> <td style="font-size: x-small;">Postmarked mail Rec'd/ Processed</td> <td style="font-size: x-small;">Date</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Office Use Only		Postmarked mail Rec'd/ Processed	Date		
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Postmarked mail Rec'd/ Processed	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.


/_____/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.