CHANGE OF INFORMATION
Permanent Record

Student Name _____ ID # _____
Last First Middle

Name change (Current name on file): _____
(Name changes must be accompanied by a copy of a driver's license, social security card or other legal documentation.)

SS# Change (Incorrect # on file): _____ - _____ - _____
(Social security number changes must be accompanied by a copy of the social security card.)

New Address:

_____

_____

_____

New Phone #: (_____)_____- _____

Effective Date: _____

Student Signature _____ Date _____

Please return this completed form and necessary documents to the
Registrar's Office, Elston 212,
78 Washington Avenue
Schenectady, NY 12305
FAX: (518) 381-1493

Processed _____

Date _____