

**The College at Brockport**  
State University of New York  
Office of Registration and Records  
350 New Campus Drive  
Brockport, NY 14420-2966

# STUDENT CHANGE OF INFORMATION FORM

(Address, Telephone No., Name, Social Security No. Changes)

Phone: 585-395-2531  
Fax: 585-395-5392

**IMPORTANT: Please print clearly.** For Address Changes, Name Change and/or Social Security Number changes, you must complete all information requested. Submit this form to the address above.

<b>REQUIRED INFORMATION</b>	Today's Date: ____/____/____
Banner ID Number: _____ or Social Security Number: ____-____-____ (as it currently appears on the records of the college)	
Name as it currently appears on the records of the college:	
Last Name: _____ First Name: _____ Middle Initial: ____	
Signature: _____	

<b>ADDRESS AND/OR TELEPHONE NO. CHANGE</b>
<i>Please Note: Residence Hall Changes must go through Residential Life.</i>
<b>Please Circle all that Apply:</b> Permanent / Off Campus or Local / Billing / Parents
_____ House Number/Street
_____ City
(_____) _____ Area Code Telephone Number
_____ State
_____ Zip Code
_____ County

<b>NAME CHANGE/CORRECTION</b>
<b>Please attach two (2) forms of appropriate documentation showing both old and new name; <u>one</u> form of documentation must be either a marriage certificate or a court order, the <u>second</u> form a Photo I.D.</b>
Complete <b>New</b> Name: (Last) _____ (First) _____ (Middle Initial) _____
Complete <b>Former</b> Name: (Last) _____ (First) _____ (Middle Initial) _____

<b>SOCIAL SECURITY NUMBER CHANGE</b>
<b>Please attach a copy of your Social Security card with the correct number.</b>
Enter new Social Security Number: ____-____-____