

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.

REQUIRED INFORMATION	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: _____	

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

NAME CHANGE/CORRECTION		
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.		
_____	_____	_____
Complete New Name: (Last)	(First)	(Middle Initial)
_____	_____	_____
Complete Former Name: (Last)	(First)	(Middle Initial)

SOCIAL SECURITY NUMBER CHANGE	
Please attach a copy of your Social Security card with the correct number.	
Enter new Social Security Number: _____-_____-_____	