THE COLLEGE OF NEW ROCHELLE
Office of the Registrar

CHANGE OF NAME, ADDRESS, OR SOCIAL SECURITY NUMBER

Please note the following:

- ALL NAME CHANGES MUST BE accompanied by supporting documentation (i.e., Marriage License, Court Order, Divorce Decree, Birth Certificate, Immigration Papers, Passport, Order of Protection).
- A change of Social Security Number requires presentation of Old Card, New Card, signature on Social Security Card(s), and letter from Social Security Administration indicating change.
- *All documents submitted become the legal property of the college and may not be surrendered back and/or copied.*

STUDENT UNIQUE ID NUMBER: _____-_____-_____ (please inquire if not certain)

Reason for Change: _____

Information as it appears on PRESENT College of New Rochelle records	CHANGE TO: (fill in appropriate information)
_____-_____-_____ (Old Social Security Number)	_____-_____-_____ (New Social Security Number)
Date of Birth _____-_____-_____ Month Day Year	Date of Birth _____-_____-_____ Month Day Year
_____ Last Name	_____ Last Name
_____ First Name	_____ First Name
_____ Number and Street Address	_____ Number and Street Address
_____ City	_____ City
_____ State Zip Code	_____ State Zip Code
_____ Country	_____ Country
_____ Telephone Number	_____ Telephone Number

Student Signature_____ Date_____

OFFICE USE ONLY: Received: _____Entered:_____By:_____

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