

DUTCHESS COMMUNITY COLLEGE

Registrar's Office Student Change of Information Form

Current Information on File:

Name: _____ Date of Birth: _____
Last First M.I.

Student ID #: A _____ Last 4 digits of Social Security #: _____

Signature: _____ Date: _____

Requested Change(s) of Information:

*Requested Name Change: _____
Last First M.I.

*ALL NAME CHANGES MUST SUBMIT PROOF OF NEW NAME – ACCEPTABLE FORMS OF NEW NAME ARE:
COURT ORDERS, MARRIAGE LICENSE, SOCIAL SECURITY CARD, DRIVERS LICENSE, DIVORCE DECREE

*Corrected Social Security Number: _____ - _____ - _____

* SOCIAL SECURITY CARD OR TAX FORM MUST BE SUBMITTED FOR PROOF

Updated Address:

Street

City

State

Zip

Updated Mailing Address (if different from above):

Street / PO Box

City

State

Zip

Updated Telephone:

Home Phone: (____) - _____ - _____

Cell Phone: (____) - _____ - _____

Business Phone: (____) - _____ - _____

For Office Use Only: Data Entered in Banner by: _____ Date: _____