LONG ISLAND UNIVERSITY- OFFICE OF THE REGISTRAR - BROOKLYN CAMPUS

REQUEST FOR CHANGE OF STUDENT INFORMATION

PLEASE PRINT ALL INFORMATION CLEARLY

NAME (AS IT APPEARS ON SCHOOL RECORDS):

_____

LAST FIRST MIDDLE

ID NUMBER: _____

(IF YOU DO NOT KNOW OR HAVE AN ID #, ENTER SS#)

SOCIAL SECURITY #: _____

(ENTER IF SS# NEEDS TO BE CHANGED)

FILL IN ONLY THOSE ITEMS TO BE CHANGED:

NEW ADDRESS_____

NUMBER STREET APT

_____

CITY STATE ZIP CODE

NEW NAME:_____

LAST FIRST MIDDLE

SIGNATURE_____

DATE _____

NEW TELEPHONE NUMBER: **(**_____**)** _____

❒**-Home** ❒**-Cell** ❒**-Business** ❒**-Other**

CORRECTED DATE OF BIRTH _____/_____/_____

MONTH DAY YEAR

NEW ID NUMBER: _____

NEW SOCIAL SECURITY #: _____

OTHER: _____

_____

FOR OFFICE USE ONLY

AUTHORITY FOR CHANGE: ❒ BIRTH CERTIFICATE ❒ MARRIAGE CERTIFICATE ❒ DIVORCE DECREE

❒ COURT ORDER ❒ SOCIAL SECURITY CARD ❒ NATURALIZATION CERTIFICATE ❒ RESUMPTION OF MAIDEN NAME

❒ COMPUTER ENTRY ERROR ❒ OTHER _____

PROCESSED _____ _____/_____/_____ PROCESSED _____ _____/_____/_____

SENT TO: HR - _____/_____/_____ IT - _____/_____/_____ CSI - _____/_____/_____ Other - _____ _____/_____/_____

_____

Revised 11-3-09 DRM