

CHANGE OF NAME**CHANGE OF ADDRESS***

PLEASE FILL OUT THE FOLLOWING FORM COMPLETELY AND ACCURATELY OR THE CHANGE WILL NOT BE RECORDED CORRECTLY ON YOUR RECORD.

NOTE: When submitting a Change of Name, an official document must be shown. (i.e. Court Decree, Social Security Card, License, Marriage Certificate)

STUDENT ID# _____ DATE _____

NAME: _____ YEAR/SECTION: _____

FORMER NAME: _____

NEW NAME: _____

 MAILING ADDRESSUsed for all official correspondence.
(i.e. grades, registration materials, exam numbers) **LOCAL ADDRESS**

(Kept on file only.)

OLD ADDRESS: _____

STREET

CITY

STATE

ZIP

NEW ADDRESS: _____

STREET

CITY

STATE

ZIP

TELEPHONE #: _____ CURRENT SUFFOLK: _____

EMAIL ADDRESS

SIGNATURE: _____

.....*Students may change address information on Campus Cruiser.

.....
FOR OFFICE USE ONLY

OFFICIAL DOCUMENT SHOWN:

COURT DECREE _____ LICENSE _____ S. S. CARD _____

MARRIAGE CERT. _____ OTHER: _____

NOTIFICATION SENT:FINANCIAL AID _____ STUDENT ACCOUNTS _____
DATE/INITIALS DATE/INITIALSACADEMIC FILE UPDATE _____ DATA ENTRY UPDATE _____
DATE/INITIALS DATE/INITIALSCAMPUS CRUISER UPDATE _____
DATE/INITIALSCOMPUTER RESOURCES
EMAIL ADDRESS CHANGE: _____ DATE: _____ TO STUDENT DATE: _____

TO WEBMASTER: _____

02/19/04