Office of Registration and Records Fax: (585) 292 – 3850

1000 E Henrietta Rd Bldg 6 Rm 203 Rochester, NY 14623

Personal Information Change Form

Accepted forms of	of documentation for na	me change are:		
	Social Security card	accompanied by one	of the following photo I	Ds:
Driver's Li	cense		Green Card	
Passport			U.S. Military ID	
Documentation fo	or name and/or SSN cha	nge must be provided	l at time of request. Thai	nk you.
Current <i>Legal</i> Na	me		Correct S	ocial Security #
			-	-
Last	First	M.I.		
Previous/Incorrec	t Name			Incorrect SSN
	1.1			-
Last	First	M.I.		
Permanent Reside	ence (must match FAF	SA Form) or Foreig	n Address (Internation	nal Students)
Street			Apt	
0.1				-
City	State (Including Residence H	Zip Code	Phone	ont Posidoneo
Local Residence	(including Residence r	ialis at ally college	e) ii other than Permai	ient Residence
Street			Apt	
			-	-
City	State	Zip Code	Phone	
Signature:		Student ID	Da	ite:
		┙ └───		
Records re-link	xed to correct name and I	D in imaging		