

Information Change Form

Student ID #: P

Name:

First

MI

Last

Level:

Undergraduate student

Graduate student

Permanent Address Change

Change permanent address to:

Street/Apt. # _____

Check to also change parent address

City _____

State/Zip _____

Country _____ Phone# _____

Name Change

(Requires legal documentation)

Current name:

Change to:

Gender Change

(Requires legal documentation)

Male to Female

Female to Male

Social Security Number Change

(Requires legal documentation)

Name on card:

Correct SS#:

Date: _____ **Student's eSignature:** _____

By eSigning, I certify that this form has been completed by the student named on this form. Additionally, I certify that the information in this application to be true and complete to the best of my knowledge. Falsification of information on this application could jeopardize my enrollment.

Please submit to: SUNY Potsdam One Stop 4th Floor Raymond Hall Phone: (315) 267-2943
44 Pierrepont Avenue Email: onestop@potsdam.edu
Potsdam, NY 13676