

College at Oneonta
Office of the Registrar
Change of Personal Information

Student Name _____ Oneonta ID Number _____

Undergraduate Student

Graduate Student

ADDRESS CHANGE:

Local

This is your OFF CAMPUS address while at school.

_____ Start Date _____ End Date

New Address

Street _____

City _____

State _____

Zip _____

Telephone

(_____) _____ - _____

Permanent

This is YOUR home address

Parent/Guardian

This is your PARENT/GUARDIAN address. If you live with them and you are changing your permanent address, you **MUST** check this also.

New Address

Street _____

City _____

State _____

Zip _____

Telephone

(_____) _____ - _____

CHANGE TELEPHONE ONLY:

Permanent

Parent/Guardian

Local

Cell

Telephone (_____) _____ - _____

NAME CHANGE: You **MUST** present legal documentation for a name change.

New Name

First _____

Middle _____

Last _____

Old Name

First _____

Middle _____

Last _____

SSN CORRECTION:

Previous: _____ Corrected: _____

SIGNATURE _____

Date _____

Office use only

Record changed by _____ Date _____

revised 1/17/11