STATE UNIVERSITY OF NEW YORK
COLLEGE OF TECHNOLOGY
ALFRED, NEW YORK 14802

STUDENT DATA CHANGE FORM

PRINT CLEARLY. INDICATE ALL CHANGES AND CORRECTIONS IN THE SHADED AREAS AS PROVIDED.

Students wishing to change Social Security # or Name must present legal documentation to the Office of Enrollment Services.

1. SOCIAL SECURITY NUMBER ___ - ___ - ____

2. NAME (ENTER LAST NAME-COMMA-SPACE-FIRST NAME-SPACE-MIDDLE)

STUDENT MAILING ADDRESS

3. STREET ADDRESS

4. CITY

5. STATE

6. ZIP CODE ____ - ____

7. COUNTY
NEW YORK STATE RESIDENTS ONLY
(SEE REVERSE SIDE FOR CODES)

8. COUNTRY
CODES ON REVERSE
(BLANK FOR USA)

9. TELEPHONE NUMBER
AREA CODE ___ - ____

EMERGENCY CONTACT

10. RELATIONSHIP (ENTER CODE)
P = PARENT F = FATHER M = MOTHER
B = BROTHER S = SISTER G = GUARDIAN
W = SPOUSE/SIGNIFICANT OTHER O = OTHER

11. NAME (ENTER LAST NAME-COMMA-SPACE-FIRST NAME-SPACE-MIDDLE)

12. STREET ADDRESS

13. CITY

14. STATE

15. ZIP CODE ____ - ____

8. COUNTRY
CODES ON REVERSE
(BLANK FOR USA)

9. TELEPHONE NUMBER
AREA CODE ___ - ____

10. MARITAL STATUS
S = NEVER MARRIED
M= MARRIED = DIVORCED
P= SEPARATED W= WIDOWED

SIGNATURE _____ **DATE** _____

NOTE: You may **not** change your mailing address to your dorm address. (Contact Enrollment Services if extenuating circumstance.)