

**REQUEST FOR CHANGE OF NAME, ADDRESS or SOCIAL SECURITY NUMBER**

Instructions: Use this form to report changes to Name, Address or Social Security Number. Proper documentation is required

Name: \_\_\_\_\_  Undergraduate Student

Student Identification Number (6 digits): \_\_\_\_\_  Graduate Student

**CHANGE OF ADDRESS (Home Address):**

Note: 1) This form is not to be used to change residency status. (In State/Out of State) Questions concerning residency status should be directed to the Business Office.

2) This form is not to be used for residence hall address changes. Changes in residence hall address must be facilitated through Residence Life, Elwell Residence Hall. Local Address changes or Off Campus address if different from home address should also be reported to Residence Life.

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PA County: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**CHANGE OF NAME: (Acceptable documentation MUST be attached. See reverse side for further information)**

Print Current Name: \_\_\_\_\_  
Last First MI

Change Name to: \_\_\_\_\_  
Last First MI

**CHANGE OF MARITAL STATUS: (Acceptable documentation MUST be attached)**

Effective as of: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Single  Married  Divorced  Separated  Widowed  Other \_\_\_\_\_

**CHANGE OF EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

**CHANGE OF SOCIAL SECURITY NUMBER: (Must attach a copy of Social Security Card)**

Change SSN from **OLD NUMBER:** \_\_\_\_\_ to **NEW NUMBER:** \_\_\_\_\_

**CHANGE OF ETHNICITY: Hispanic or Latino: YES NO (Please Circle)**

**CHANGE OF RACE:** Mark ALL THAT APPLY to indicate what you consider yourself to be:  White

Black or African American  Native Hawaiian/Other Pacific Islander  Asian  American Indian or Alaska Native

**CHANGE OF EXPECTED SEMESTER GRADUATION DATE:** (Degree students only): \_\_\_\_\_

**Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **ACCEPTABLE FORMS OF DOCUMENTATION:**

In order to maintain the integrity and accuracy of student records and protect the rights and privacy of students, Bloomsburg University will permit a name change on official records only under the following specific conditions:

- The student must provide legal evidence of the name change by presenting either an original or notarized copy of a court order or decree. Other documents, such as a driver's license do not constitute sufficient evidence.

### **RACIAL/ETHNIC DESIGNATIONS**

- **HISPANIC or LATINO** – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture or origin, regardless of race.
- **WHITE** – Persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
- **BLACK or AFRICAN AMERICAN** - A person having origins in any of the black racial groups of Africa.
- **ASIAN** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including, for example; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam.
- **AMERICAN INDIAN or ALASKAN NATIVE** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.