ORANGE COUNTY COMMUNITY COLLEGE
BURSAR’S OFFICE

CHANGE OF INFORMATION

CURRENT INFORMATION

NEW INFORMATION

1. NAME_____________________________________________ REQUESTED NAME CHANGE: __________________________________

2. SOCIAL SECURITY #________________________________ CORRECT SOCIAL SECURITY#__________________________________

3. ADDRESS:

______________________________________________________

______________________________________________________

______________________________________________________

MAILING ADDRESS: (IF DIFFERENT FROM LEGAL ADDRESS)

______________________________________________________

______________________________________________________

EFFECTIVE DATE OF CHANGE: _______________________________________________________________________________________

4. TELEPHONE #: ____________________________________________________________________________________________________

SIGNATURE:__________________________________________ DATE: _______________________________________________________

__________________________________________________________

______________________________________________________________

CHANGE REQUIREMENTS

1. NAME CHANGE REQUIRES A COPY OF MARRIAGE CERTIFICATE, DIVORCE DECREE, OR OTHER LEGAL DOCUMENT PERMITTING NAME CHANGE. * A DRIVER’S LICENSE CANNOT BE USED FOR A NAME CHANGE.

2. SOCIAL SECURITY NUMBER CHANGE REQUIRES SOCIAL SECURITY CARD.

3. LEGAL ADDRESS CHANGE WITHIN THE SAME COUNTY REQUIRES POSTMARKED DOCUMENT WITH NEW ADDRESS ON IT. ADDRESS CHANGE FROM OUT OF COUNTY TO ORANGE COUNTY REQUIRES DOCUMENT WITH DATE OF CHANGE SUCH AS UTILITY BILL, CABLE BILL, TELEPHONE BILL, ETC.. (A RENTAL AGREEMENT ALONE CANNOT BE USED FOR LEGAL CHANGE) ADDRESS CHANGE FROM OUT OF STATE TO IN STATE REQUIRES NEW YORK STATE INCOME TAXES (PARENT’S STATE AND FEDERAL INCOME TAXES IF DEPENDENT) NEW YORK STATE DRIVER’S LICENSE AND ONE OTHER DOCUMENT PROVING NEW YORK STATE FOR ONE FULL YEAR.

* ALL NAME AND/OR ADDRESS CHANGES REQUIRE A NEW CERTIFICATE OF RESIDENCE.

OFFICE USE ONLY

NAME:          ADDRESS:          TELEPHONE:          SS#:          

CODE FROM:     TO

SPRO/RGP:      TO

DELETE/REREG: SEMESTER

BURSAR:        DATE:          

REGISTRAR:     DATE:          