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 Name: _______________ First Name: _______________ MI: _______________
Change Name to: _______________________________________________
Last Name: _______________ First Name: _______________ 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)

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

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

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.