

PERSONAL DATA CHANGE REQUEST

Graduate Studies Office

Your name as it appears in College records now:

Last Name: _____ First Name: _____ Middle Initial _____

Cortland ID Number: C00 _____ or Social Security Number _____

Change of Address:

Please note: All local address changes are made through Banner Web.

New Permanent

New Parent Guardian Address

Check if same as Permanent Address

Street Address

Street Address

City State Zip Code

City State Zip Code

Country (if other than USA)

Country (if other than USA)

Telephone

Telephone

By signing below you confirm that the changes made to your personal data are accurate and correct.

Signature: _____ Date: _____

Change of Name:

New Name: _____ Former Name: _____

Reason for Name Change:

Marriage Divorce Correction Legal Other

SUNY Cortland requires LEGAL documentation for any change in name (i.e., driver's license, social security card, marriage certificate, divorce decree, or court order).

By signing below you confirm that the changes made to your personal data are accurate and correct.

Signature: _____ Date: _____

Graduate Studies Office
Brockway Hall, Room 216
P.O. Box 2000
Cortland, NY 13045-0900
Phone: (607) 753-4800
Fax: (607) 753-5988

