

Siena College Student Permanent Record Change Form

Student's Name (Last, First, MI)	(Former Last Name)	SID

Complete only items to be changed - Please print

Permanent mailing address/phone **Date Effective:** _____

Street		
City		
County		
State/Zip Code		
Country		
Telephone	()	

Off-campus Local address/phone **Date Effective:** _____

Other (Billing, Parent, Abroad, etc.): _____ **Date Effective:** _____

Street		
City		
County		
State/Zip Code		
Country		
Telephone	()	

Name change (new name)

	Proof Required
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Date of Birth

	Proof Required
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Social Security Number

	Proof Required
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Ethnicity/Race (check as many boxes as is necessary)

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
If "Not Hispanic or Latino" is checked above:	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

Parent/Guardian Information

Name	Relationship
Name	Relationship

Confidentiality If checked, all directory information concerning student will be suppressed.

Student Signature

Date

FAX# 518-786-5060

Registrar's Office Use Only
Initials _____ Date processed _____