

## 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 _____