



Rockland Community College

STATE UNIVERSITY OF NEW YORK

145 College Road Suffern New York 10901-3699

Records Change of Information Form

Please complete all items and attach required documentation as explained below.

Forms cannot be processed without required documentation.

STUDENT ID _____

Photo ID (preferably your driver's license, is required for all changes.)

PLEASE PRINT CLEARLY

OLD INFORMATION

NEW INFORMATION

Name _____ Name _____

Address _____ Apt. _____ Address _____ Apt. _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Telephone No. _____ Telephone No. _____

Social Security No. _____ Social Security No. _____

Effective Change Date _____ Signature _____

REQUIRED DOCUMENTATION (**FAX 845 574 4499**)

NAME CHANGE: Copy of marriage certificate, divorce decree or other document permitting name change.

ADDRESS CHANGE:

- **Same** County or State, only a Photo ID is required.*
- **Different** County or State, Proof of residency is required.*

***PO BOX:** A student who requests a change of address to a PO Box **must** provide

- Proof of residency to be eligible for resident tuition rate. **
- The **PO Box CANNOT** be used as proof of residency.

****RESIDENT TUITION RATE:** To qualify for resident tuition rates students must

- Be a **US citizen** or have permanent resident card for one year
- Have Proof of Rockland County residency for at least 6 months and
- Have New York State residency for at least one year prior to the start of the semester.

ACCEPTABLE DATED DOCUMENTATION:

- Driver's license, bank statement, utility bill, State income tax return.
- Dependent students can use copies of their parent's income tax return as proof.

SSN CHANGE: Social Security card **and** photo ID.

OFFICE USE ONLY

Bursar: _____ Date: _____ Residency Code: _____ Certificate: _____

Registrar: _____ Date: _____ Financial Aid: _____ Date: _____