

MANHATTAN COLLEGE
Office of the Registrar

CHANGE OF INFORMATION FORM

NAME _____ SS# _____
Last name First name

Name Change: Attach copy of marriage certificate or legal documents.

ADDRESS CHANGE

New Mailing Address:

Street Address 1 _____ () _____
Phone Number

Street Address 2 _____ Email Address _____

City _____ State _____ Zip Code _____

Check this box if your mailing address is the same as your permanent address

New Permanent Address:

Street Address 1 _____ () _____
Phone Number

Street Address 2 _____ country _____

City _____ State _____ Zip Code _____

Do you wish that your address be withheld from the public? Yes No

This will change your address in the computer system accessed by all administrative offices
(Registrar, Admissions, Student Aid and Student Accounts) at Manhattan College.

Other Information

Check here if you wish to change your SS# to

_____ or _____
Social Security Number (copy of card must be attached) Generated

Date of Birth _____
Month Day Year

Student Signature _____ Date _____