SAINT MICHAEL'S COLLEGE
Office of the Registrar
One Winooski Park
Colchester, Vermont 05439
Telephone: (802) 654-2571
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# CHANGE OF PERSONAL INFORMATION FORM

**SUPPORTING DOCUMENTS MUST BE ATTACHED AS INDICATED BELOW.**

**Student Name:** _____ **Date:** _____

**Student ID #:** _____ **Graduation Year:** _____

## I. NAME CHANGE

**RECORD THIS AS A CHANGE IN: (Please Check All That Apply)**

☐ **STUDENT NAME** (Must Attach Supporting Documents) ☐ **PARENT/GUARDIAN NAME** ☐ **NAME OF PERSON TO BE BILLED**

**CHANGE FROM:** _____ _____ _____
Last Name First Name M.I.

**CHANGE TO:** _____ _____ _____
Last Name First Name M.I.

## II. CHANGE IN STUDENT SOCIAL SECURITY NUMBER

(Must Attach Photocopy Of Social Security Card)

**PREVIOUS SS#:** _____-_____-_____ **NEW SS#:** _____-_____-_____

## CHANGE REQUESTED BY:

_____ **RELATIONSHIP TO STUDENT:** _____
Print Name

_____ **DATE:** _____
Signature

**FOR OFFICE USE ONLY:** **NAME OF OFFICE ORIGINATING CHANGE:** _____

**ROUTING:** Student Accounts _____ IA_____ Health Services_____ Registrar _____ Student Life _____ HR_____