

CHANGE OF NAME/ADDRESS AND/OR TELEPHONE NUMBERS



Institute of Technology

100 Seymour Road • Utica, NY 13502
(315) 792-7262 • Fax: (315) 792-7802

SUNY ID #														
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Name: _____
Last First M.I.

Program: _____

Former Name: _____	(Only if a change)
Currently Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an Alumnus? <input type="checkbox"/> Yes <input type="checkbox"/> No

*Mailing Address: _____ () _____
Street City State Zip Telephone

Local Address: _____ () _____
Street City State Zip Telephone

E-mail Address: _____

Emergency Notification: _____ () _____
Name of person to contact Relationship to student Telephone

Signature: _____ Date: _____

Proof of name change must be submitted: marriage licence, court documents, social security card, driver's licence

**Proof of mailing address change must be submitted: drivers's licence, copy of a current bill showing new address, or copy of voter or vehicle registration, or copy of federal and state income tax return.*

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