

## 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 |
|--|----------------|

**Date of Birth**

|  |                |
|--|----------------|
|  | Proof Required |
|--|----------------|

**Social Security Number**

|  |                |
|--|----------------|
|  | Proof Required |
|--|----------------|

**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

**Email:** registrar@siena.edu  
**Fax:** 518-786-5060

|                                     |
|-------------------------------------|
| Registrar's Office Use Only         |
| Initials _____ Date processed _____ |