



**OFFICE OF THE REGISTRAR  
MARIST COLLEGE  
CHANGE OF DIRECTORY INFORMATION**



**ID#** \_\_\_\_\_ **STUDENT NAME** \_\_\_\_\_

**\*\*\*\*\* PLEASE CLEARLY PRINT ALL INFORMATION AS REQUESTED \*\*\*\*\***

**I hereby authorize Marist College to change the directory information on all my records.**

|                          | <b>FROM:</b> | <b>TO:</b> |
|--------------------------|--------------|------------|
| <b>SOCIAL SECURITY#:</b> | _____        | _____      |
| <b>DATE OF BIRTH:</b>    | _____        | _____      |
| <b>LAST NAME:</b>        | _____        | _____      |
| <b>FIRST NAME:</b>       | _____        | _____      |
| <b>MIDDLE NAME:</b>      | _____        | _____      |

**Please provide our office with a legal document for change.  
(Social Security Card, Driver's License, Marriage Certificate, etc...)**

**INDICATE REASON FOR NAME CHANGE:**

**MARITAL STATUS** \_\_\_\_\_  
**AKA** \_\_\_\_\_  
**SPELLING ERROR** \_\_\_\_\_  
**OTHER** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please be advised that we need 3-5 business days to process.  
Mail to: Registrar's Office Marist College  
3399 North Road, Poughkeepsie, NY 12601**