

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

CWID:

Name:

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

Check all that apply:

Student

International Student

Employee/Student Worker

Alumni

Please complete ONLY the information that needs to be changed.

FROM:

TO:

Social Security #:

Date of Birth:

Last Name:

First Name:

Middle Name:

Chosen First Name:

Chosen Pronoun:

*** Documentation is required for changes to Directory Information. Name changes: SSN Card, Driver's License, Marriage License, Divorce Decree, Court Order. Date of Birth: Birth Certificate, Driver's License. Social Security Number: SSN card*. You may be required to provide the SSN card for name changes if needed for IRS purposes. ***

Indicate Reason for Change:

Marital Status

New Social Sec Num

AKA

Spelling/Data Entry
Error

Other(explain)

By submitting this form I hereby authorize Marist College to change the directory information on all my records.

Signature:

Please allow 2-3 business days for processing.

Submit all documents to: Registrar's Office
Marist College
3399 North Road
Poughkeepsie, NY 12601
Email: Registrar@marist.edu

If using email, be sure to attach it to the email with the required documentation.

*** Email is NOT a secure method of transmitting personally identifiable information and doing so may put you at risk for identity theft. Please DO NOT send your Social Security Number or SSN card via email. Please use the US Mailing address to change SSN with a copy of your SSN card as documentation.**