

DATA CHANGE - P

Current Name on Official Record (First, Middle, Last)		Royal ID
Class	College <input type="checkbox"/> CAS <input type="checkbox"/> KSOM <input type="checkbox"/> PCPS	Cell Phone #

Please complete the relevant section(s) below and return the form and supporting documentation to the Office of the Registrar and Academic Services, O'Hara Hall, 800 Linden Street, Scranton, PA 18510.

- CHANGE OF NAME:** Acceptable legal documentation includes: passport, court order, marriage license, divorce decree, naturalization papers. Documents must be original or notarized copies of the original.

Last Name: _____ First Name: _____ Middle Name: _____

- PREFERRED NAME:** Please indicate your preferred first and/or middle names below. Legal name will be used for university business when required.

Preferred First Name: _____ Preferred Middle Name: _____

- EMAIL ADDRESS:** If changing your legal or preferred name, please indicate which name you would like used in your university email address: My legal name My preferred name

- DATE OF BIRTH:** Please indicate your accurate date of birth below. An original or notarized copy of the original birth certificate is required.

Correct date of birth: ____/____/____

- SOCIAL SECURITY NUMBER CHANGE:** Acceptable documentation includes a new social security card and a valid driver's license or other government-issued photo identification. Documents must be original or notarized copies of the original.

- CITIZENSHIP STATUS:** Acceptable documentation includes a resident card, passport and/or naturalization papers and a valid driver's license or other government-issued photo identification. Documents must be original or notarized copies of the original.
 Citizen Eligible non-citizen Non-citizen

- ETHNICITY:** Ethnicity is self-reported. No documentation is necessary.

Check one:

- Hispanic or Latino
 Not Hispanic or Latino

Check one:

- American Indian or Alaskan Native
 Asian
 White/Non-Hispanic
 Black or African American
 Hispanic or Latino
 Hawaiian or Pacific Islander
 Two or more races
 Unknown

By signing below, I certify that all information presented on this form is true and correct.

Signature _____

Date _____

For office use only:

ORAS Processed Date: _____

Student Notified Date: _____

TSC Notified Date: _____