



UNIVERSITY UNIVERSITY  
Lofgren School Elizabeth Hays School

# General Change Form

PLEASE RETURN TO THE REGISTRAR'S OFFICE.

Any questions call 914-222-4032.

STUDENT NUMBER

NOTE: Marriage CerTw 1TJ 0 Tc 0 Tc 0.5.6 (r)0en

ent and Picture ID.

## MARITAL STATUS CHANGE

CURRENT  Single  Married  Divorced  Widow

NEW  Single  Married  Divorced  Widow 6 TJ 0 Tc 0 Tw [( )-689 ( )-3344.9 ( )]TJ 0.002 Tc -0.002 T

GENDER CHANGE

Preferred Name

NAME CHANGE

\_\_\_\_\_

\_\_\_\_\_

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FOR OFFICE USE ONLY:

UPDATE SPAIN

DOCUMENTATION COPY ATTACHED

TICKET CREATED AND SENT TO ITS

COPY OF FILED TO CAMPUS DIRECTORS FINANCIAL AID

ORIGINAL WITNESSED \_\_\_\_\_

ENTERED BY \_\_\_\_\_

OSA ADVISOR

TBA

OSA ADVISOR

DATE