OFFICE OF STUDENT ASSISTANCE
GENERAL CHANGE FORM
PLEASE RETURN TO THE OFFICE OF STUDENT ASSISTANCE (OSA).
Any questions call 1 (877) 672-1830.

STUDENT ID NUMBER

LAST NAME

FIRST NAME

MIDDLE

If this is a new address/phone #, please indicate what you would like to be updated on your record □ Address □ Telephone

STREET ADDRESS/P.O. BOX

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

Please check appropriate boxes:

LEVEL: □ Undergraduate (01) □ Graduate (02) □ Doctoral (05)

HOME CAMPUS: □ New York (1) □ Pleasantville (2) □ White Plains (3)

Have you previously received a Pace Degree? □ No □ Yes Date Received ________________________

PLEASE NOTE: ORIGINAL documentation must be provided to substantiate this application.

SOCIAL SECURITY CHANGE

ALL of the following original documentation is required: Social Security Card and Picture ID.

CURRENT

NEW

MARITAL STATUS CHANGE

ALL of the following original documentation is required: Marriage Certificate or Naturalization Certificate or Court Document or Court Divorce Document and Picture ID.

CURRENT □ Single □ Married □ Divorced □ Widow

NEW □ Single □ Married □ Divorced □ Widow

GENDER CHANGE

PREFERRED NAME

ALL of the following original documentation is required Court Document and Picture ID.

CURRENT □ Male □ Female

NEW □ Male □ Female

CURRENT

NEW

NAME CHANGE

ALL of the following original documentation is required: Social Security Card, and Picture ID and ONE of the following: Marriage Certificate, Naturalization Certificate, Court Document, or Court Divorce Document

CURRENT

NEW

NOTE: Your University E-mail account will not change; however, if you wish your e-mail name updated, please check here □

Student/Alumnus Signature __________________________ Date __________________________

FOR OFFICE USE ONLY:

□ UPDATE SPAIDEN

□ TICKET CREATED AND SENT TO ITS ORIGINAL WITNESS

□ DOCUMENTATION COPY ATTACHED

□ COPY INTEROFFICED TO CAMPUS DIRECTORS OF FINANCIAL AID ENTERED BY __________________________ DATE __________________________

OSA ADVISOR __________________________ DATE __________________________

OSA ADVISOR __________________________ DATE __________________________

Updated 7/2015