

# 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

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

CURRENT

- Male  
 Female

NEW

- Male  
 Female

### PREFERRED NAME

NO documentation required.

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  DOCUMENTATION COPY ATTACHED  
 TICKET CREATED AND SENT TO ITS  COPY INTEROFFICED TO CAMPUS DIRECTORS OF FINANCIAL AID

ORIGINAL WITNESSED \_\_\_\_\_ ENTERED BY \_\_\_\_\_  
OSA ADVISOR DATE OSA ADVISOR DATE