## SETON HALL UNIVERSITY Office of the Registrar CHANGE OF PERSONAL DATA FORM

Please submit this form to the Office of the Registrar in Bayley Hall (room 110). Enter current information in the *Change from* column, and requested changes in the *Change to* column.

The following changes require accompanying documentation (copies):

- First or last name marriage certificate, court order, or driver's license
- Social security number social security card
- Date of birth birth certificate or driver's license

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NAME CHANGE	Change from:		Change to:	
SHU ID				
Last Name				
First Name				
Middle Name				
Suffix				
Social Security #				
Date of Birth				
[ ] Yes  If yes, when are yo	u graduating?	in conjunction with No Spring Year		cation for Degree?  nmer  Year
ADDRESS CHANGE	Change from:		Change to:	
Street				
City				
State				
Zip				
Telephone				
For an address change, check all that apply:  Please indicate of this is a [ ] New permanent address [ ] New local address [ ] New billing address [ ] Diploma address – where to mail your diploma				
Student Signature		Da	R	EEGISTRAR USE ONLY:  ] SHAGAPP  ] SPAIDEN  ] SHADIPL