



CHANGE IN NAME OR ADDRESS

Office of the Registrar/Bursar

Students must complete the information below to report a change in their name and/or address. Completed forms must be submitted to the College Registrar/Bursar at the address listed below.

Change in (*check all that apply*): Name Address Date: _____

Current Name: _____

Phone Number: _____ Email: _____

Social Security Number: _____

New Name: _____

***Note – copies of the following forms of identification are required for a name change:**

1. Social Security Card (front + back)
2. Driver's License or Military ID (front + back)

New Address: _____

Street

City

State

Zip Code

Pomeroy College of Nursing
Office of the Registrar/Bursar
736 Irving Avenue | Syracuse, New York 13210
Phone: (315) 470-7481 | Fax: (315) 470-5774