



**OFFICE OF THE REGISTRAR  
MARIST COLLEGE  
CHANGE OF DIRECTORY INFORMATION**



CWID #: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_

\*\*\*\*\* PLEASE CLEARLY PRINT ALL INFORMATION AS REQUESTED \*\*\*\*\*

Check all that apply:

Student       International Student       Employee/Student Worker       Alumni

**Please complete ONLY the information that needs to be changed.**

	<b>FROM:</b>	<b>TO:</b>
Social Security #:	_____	_____
Date of Birth:	_____	_____
Last Name:	_____	_____
First Name:	_____	_____
Middle Name:	_____	_____

\*\*\* Documentation is required for changes to Directory Information. **Name changes:** SSN Card, Driver's License, Marriage License, Divorce Decree, Court Order. **Date of Birth:** Birth Certificate, Driver's License. **Social Security Number:** SSN card\*. You may be required to provide the SSN card for name changes if needed for IRS purposes. \*\*\*

**Indicate Reason for Change:**

Marital Status	_____
AKA	_____
Spelling or Data Entry Error	_____
New Social Security number	_____
Other (Please explain)	_____

**I hereby authorize Marist College to change the directory information on all my records.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please allow 2-3 business days for processing.**

**Submit all documents to:**

Registrar's Office  
Marist College  
3399 North Road  
Poughkeepsie, NY 12601  
Fax (845)575-3129  
Email: [registrar@marist.edu](mailto:registrar@marist.edu)

If using email, be sure to print and sign (with a handwritten signature) this form, scan it and attach it to the email with the required documentation.

**\* Email is NOT a secure method of transmitting personally identifiable information and doing so may put you at risk for identity theft. Please DO NOT send your Social Security Number or SSN card via email. Please use the US Mailing address or Fax number to change SSN or submit the SSN card as documentation.**