



**HARTWICK
COLLEGE**
est. 1797

Student Information Change Request

Office of the Registrar
101 Bresee Hall
Hartwick College
Oneonta, NY 13820
Tel: 607-431-4460; Fax: 607-431-4260

For office use only:

Processed: _____

Library Notified: Y / N
(if applicable)

Please complete this form and return it to the Registrar's Office. Information and details provided are protected by the Family Education Rights and Privacy Act (FERPA) of 1974, as amended. For further information about FERPA, please visit our website <http://www.hartwick.edu/ferpa>

Name: _____ ID #: _____ Date: _____

Email Address: _____ Phone #: _____

Anticipated Completion Date (ACD) Change

Current ACD	New ACD	3YD Student?*

*3YD students: changing your ACD may result in loss of deposit

Catalog Year Change

Current Year	New Year	Major/Program

Full/Part Time Status Change

Current Status	New Status	Effective Term

Address Change

Address Type (circle one)	Street	Country	City & State	Zip
Permanent / Local / Billing				

Phone Number Change

Phone Type (circle one)	Old #	New #
Cell Phone / Home Phone		

Name Change

If this is a legal name change, you must provide supporting documentation (marriage license, passport, driver license, divorce degree, etc). If you are changing your preferred name, per College policy, no supporting documentation is required. **Note:** the legal name of record will still be used on official transcripts, federal and state financial aid reports, enrollment verifications, payroll, and other legally binding documents

Type (circle one)	Former Name	Current Name
Legal / Preferred*		

*Other Changes

Please check all that you wish to include with this change.

- | | | |
|--|--|--|
| <input type="checkbox"/> Course Rosters | <input type="checkbox"/> Gender (circle one) | <input type="checkbox"/> Prefix (circle one) |
| <input type="checkbox"/> Email Address (requires completion of additional form through IT) | Male Female | Ms. Mrs. Mr. |
| <input type="checkbox"/> HartLink | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> D2L | | |

By signing below you authorize the Office of the Registrar to make the above changes to your record. In signing you indicate you have read and understand all applicable policies and procedures related to this transaction as listed in the College Catalog.

Student's Signature _____

Date _____