ST. THOMAS AQUINAS COLLEGE

Office of the Registrar

845-398-4300

Change of Information Form

Complete with your new information. *Please note:* Change of name requires legal proof supporting the change and must be submitted in person at the Registrar's Office.

PERSONAL INFORMATION:

Name: ______________________________ ______________________________ ____
Last First M.I

Student ID #: ________________________ Date: ________________________

Signature: ____

CHANGE OF NAME:

Previous Name: ____

Current Name: ____

CHANGE OFADDRESS/PHONE NUMBER:

Previous Address: ____

____

Previous Phone #: ____

- -

New Address: ____

____

New Phone #: ___________________________ Cell Phone #: ________________________

E-Mail Address: ____

Received: ______________________________ Date: ________________________________

Supporting Documents: ____

2-5-15