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Students must complete the information below to report a name change.  
Completed forms must be submitted to the College Bursar/Registrar by e-mail or  
mailed to the address listed below with **TWO** forms of supporting documentation.

Address updates can be made in the Update Bio section of your SONIS account.

Today's Date: \_\_\_\_\_

Current Name (*Please print*): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

New Name (*Please print*): \_\_\_\_\_

**\*ACCEPTABLE FORMS OF SUPPORTING DOCUMENTATION:**

- ✓ Social Security Card (front + back)
- ✓ Valid State-issued Driver's License or Military ID (front + back)
- ✓ Marriage Certificate
- ✓ Divorce Decree
- ✓ Court Approval of Name Change

**Pomeroy College of Nursing at Crouse Hospital**  
**5000 Brittonfield Parkway, Suite B201**  
**East Syracuse, NY 13057**  
**ATTN: Bursar/Registrar**  
Phone: (315) 470-7481 | Fax: (315) 470-5774