

CHANGE OF BIO-DEMOGRAPHIC INFORMATION FORM

Please complete the relevant section(s) below and return the form and supporting documentation to the Office of the Registrar and Academic Services, O'Hara Hall, 800 Linden Street, Scranton, PA 18510.

CHANGE OF NAME

PREFERRED NAME

EMAIL ADDRESS:
○ ○

DATE OF BIRTH:

SOCIAL SECURITY NUMBER CHANGE:

CITIZENSHIP STATUS:
○ ○ ○

ETHNICITY:
Check one:

Check one:

For office use only: