## Complete and return this form to:

University of Rochester - Simon Business School Office of the Registrar 2341 Carol Simon Hall Box 270100

registrar@simon.rochester.edu

Phone: (585) 275-8071 / Fax: (585) 276-0244



## **CHANGE OF SOCIAL SECURITY FORM**

## **Directions**

- Please complete this form if your social security number has changed.
- You must bring this form in person to the Registrar's Office. You will need to present your original social security card as confirmation of your social security number.

| 6. 1  |                               |      |         |                  |
|---|-------------------------------|------|---------|------------------|
| Student Name:   | <br>Fir                       |      |         | UID# or DOB:     |
| ricuse printe   |                               | 30   | 1411    |                  |
| Student Signature:  |                               |      |         | Date:            |
|   |                               |      |         | month/day/year   |
| Program:  |                               |      | E-mail: |                  |
|   |                               |      |         |                  |
|   |                               |      |         |                  |
|   |                               |      |         |                  |
| Old social security number:   |                               |      |         | -                |
| New social security number:   |                               |      |         | _                |
| Are you a current Simon student?                                      | ☐ Yes                         | □ No |         |                  |
| Are you a current simon student:                                      | Li Tes                        |      |         |                  |
| If not currently enrolled, when did you last attend the Simon School? |                               |      |         |                  |
| Are you an international student?                                     | ☐ Yes                         | □ No |         |                  |
|   | 63                            |      |         |                  |
|   |                               |      |         |                  |
|   |                               |      |         |                  |
|   |                               |      |         |                  |
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|   |                               |      |         |                  |
|   |                               |      |         |                  |
|   | *Registrar's Office Use Only* |      |         | Revision: 8/2022 |
| $\square$ Student presented original SS card                          |                               |      |         |                  |
| Date Received: Date Processed   | l: By:                        |      |         |                  |