Eugenio María De **HOSTOS COMMUNITY COLLEGE**
*OF THE CITY UNIVERSITY OF NEW YORK*

OFFICE OF THE REGISTRAR

# CHANGE OF NAME/SOCIAL SECURITY

CHECK ONE: ☐ CHANGE/CORRECTION OF NAME ☐ CHANGE/CORRECTION OF SOCIAL SECURITY

DATA AS IT APPEARS ON OUR RECORDS

**SOCIAL SECURITY NO.:**

**NAME:**
**LAST** **FIRST** **M.I.**

NEW NAME:
**LAST** **FIRST** **M.I.**

NEW SOCIAL SECURITY:

**STUDENT'S SIGNATURE** _____ _____ **DATE**

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