



**STUDENT INFORMATION CHANGE FORM**

Name \_\_\_\_\_ Bronc ID or last 4 digits of SSN \_\_\_\_\_

Are you currently a student employee at Rider University?  Yes\*  No

*\*Student employees moving to a different state must go to Disbursements office (LIB 106) to complete additional paperwork.*

Do you have a parent/guardian who is currently employed by the University?  Yes  No

Are you an international student?  Yes  No

<input type="checkbox"/> Undergraduate <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Norm Brodsky College of Business <input type="checkbox"/> College of Arts & Sciences <input type="checkbox"/> College of Education & Human Services	<input type="checkbox"/> Graduate <input type="checkbox"/> Norm Brodsky College of Business <input type="checkbox"/> College of Arts & Sciences <input type="checkbox"/> College of Education & Human Services
--	---

**Provide information that has changed.**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email – *Select one:*  Home  Work  Other \_\_\_\_\_

**Please check all that apply to the above address change:**

Permanent/Home Address  Parents Address  Billing Address

On-Campus Address  Local Address (off campus)  Mailing Address

**New Name and/or Social Security Number\*:**

Name \_\_\_\_\_ SS # \_\_\_\_\_

*Student employees must present original documentation to Disbursements office (LIB 106).*

*\*All students must provide a copy of their social security card showing their new name or SS number.*

If applicable, are you currently receiving VA Benefits?  Yes  No

*(Office use: If yes, notify appropriate Veteran's Benefits office on campus.)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Email form to Registrar's Office at [registrar@rider.edu](mailto:registrar@rider.edu)*

Processed by Registrar's Office \_\_\_\_\_ Date \_\_\_\_\_