

Change of Student Information Request



HOFSTRA UNIVERSITY.

Center for Continuing Education
and Professional Advancement
Hempstead, New York 11549

When completing this form, please type or print in ink. After completed, return form to the CCEPA Registrar's Office for processing. For your convenience, you may fax this form to (516) 463-4833 or mail it to:

Center for Continuing Education & Professional Advancement
University College Hall
250 Hofstra University
Hempstead, NY 11549
Attention: Registrar

PLEASE PRINT CLEARLY

Student's Last Name First Name Middle Initial

Street Address

City State Zip

Daytime Phone Number

Evening Phone Number

Cell Phone Number

Email Address

Please indicate the type of change:

- Change of Student Name
- Correction to spelling of Student Name
- Title/Company Name
- Mailing Address
- Phone Number(s)
- Email Address

IMPORTANT: To update your name, this form must be accompanied by a copy of a legal document reflecting a name change. Such documents are a marriage license, divorce decree that reinstates the maiden name, adoption documents, court order, valid passport or birth certificate. Other documents will not be accepted.

Your signature is required in order to process this request. If there are any questions, please call (516) 463-7200. Thank you.

Signature Date

FOR OFFICE USE ONLY			
Date			
Initials			