

# SOCIAL SECURITY NUMBER/DATE OF BIRTH CHANGE FORM

SUNY Buffalo State  
Registrar's Office, Moot Hall 210  
1300 Elmwood Avenue  
Buffalo, NY 14222-1095  
Phone: 716-878-4811 Fax: 716-878-3419



**BUFFALO STATE**  
The State University of New York

Complete all information in Part 1 and Part 2. Return this completed form with supporting documentation **in person** to the Registrar's Office, Moot Hall 210. If you cannot come to the Registrar's office, you can mail or fax the SSN/DOB change form with required documentation. This form is for **active students only**.

For a **social security number change**, the original social security card and photo identification must be presented at the Registrar's Office or you can mail/fax in the SSN/DOB form with a copy of your social security card and valid driver's license.

For a **date of birth change**, a valid driver's license, or a birth certificate and photo identification must be presented at the Registrar's Office, or you can mail/fax in the SSN/DOB change form with a copy of your valid driver's license or birth certificate and photo identification.

\_\_\_\_\_  
BANNER ID

## PART 1 - OLD INFORMATION

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Signature

## PART 2 - NEW INFORMATION

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Print Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Contact Phone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address