

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
regofc@buffalostate.edu



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. Students can also 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/email/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