

***University ID/Social Security Number Change Form***  
**(You must include a copy of your new Social Security Card)**

Name: \_\_\_\_\_

Please circle:                      Undergraduate                      Graduate

Former ID#:                      \_\_\_\_\_

New Social Security#:                      \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*University of Rochester  
Office of the University Registrar  
312 Lattimore Hall  
PO Box 270038  
Rochester, NY 14627-0038  
(585) 275-8131 phone  
(585) 275-2190 fax*