

Framingham State University

Biographic Data Change Form

RETURN FORM WITH ORIGINAL SIGNATURE TO:

If an Employee: Human Resources Office, Dwight Hall 209, 100 State St, PO Box 9101, Framingham MA 01701-9101

If a Student: Office of the Registrar, Dwight Hall 220, 100 State St, PO Box 9101, Framingham MA 01701-9101

NOTE: If you are (or were) both an employee and student, only one form must be completed and returned to the Human Resources Office.

Please Print

Student Framingham State University ID#: _____ (Or last four digits of SSN if ID# not known): _____

Last Name: _____ First Name: _____ M.I.: _____

Student's (or Employee's) Signature: _____ Date: _____ Presently Attending? _____

Note: No action will be taken without the Student's or Employee's Signature on this form.

Change of Address:

All students may have two addresses maintained in the University's database. When the University is not in session, all mail is sent to the "Permanent" or "Home" address. "Local" address is considered either your Residence Hall or your off-campus address if different from your permanent address.

Please check all that apply for your address change (NOTE: If you are an Out-of-State student and are attempting to change your "Permanent Address" and expect to be considered as a resident of Massachusetts for tuition purposes, you must submit a new Proof of Residency form with supportive documentation before you can be considered for in-state tuition):

_____ Mailing (where most mail is sent during the semester)

_____ Permanent (Home also considered as "Billing")

New Address: _____
Street

_____ City or Town

_____ State

_____ Zip Code + 4

Daytime Telephone Number: _____
(Area Code)

Change (or Update) of Emergency Contact:

In case of emergency, please provide/update the following information:

Full name of Person to be contacted: _____

Daytime Telephone: _____ Relationship to you: _____
(Area Code) (Father, Mother, Spouse, etc.)

Change (or Correction) of Name:

Student must provide legal documentation (a photocopy of the legal document will suffice) before a name change will be recorded in the University's database.

Changing Last Name to: _____

Changing First Name to: _____

Changing Middle Name to: _____

Change (or Correction) of Social Security Number:

Student must provide legal documentation (a photocopy of Social Security Card) before a change will be recorded in the University's database.

Old/Incorrect SSN: _____

New/Correct SSN: _____

Change (or Correction) of Date-of-Birth:

Student must provide legal documentation (a photocopy of birth certificate or driver's license) before a change will be recorded in the University's database.

Incorrect Date-of-Birth: _____
YY MM DD

Correct Date-of-Birth: _____
YY MM DD

Request for Confidential Status (Non-Disclosure) of Directory Information (FERPA):

Please Initial here to invoke your FERPA block to Directory Information: _____

Unless indicated otherwise, Framingham State University makes Directory Information available to the public as per the Family Education Rights and Privacy Act (FERPA) of 1974. Should a student indicate they wish to invoke FERPA, Directory Information will not be released to non-University personnel. Please be advised that once you have filed for "Non-Disclosure of Directory Information", this block will permanently remain on your University record until you request in writing that it be removed. Be advised that academic honors and confirmation of degree completion are also blocked, unless or until the block is removed by the student.