



# Stony Brook University

## REGISTRAR'S OFFICE

### DATE OF BIRTH / SOCIAL SECURITYNUMBER/ GENDER UPDATE

*Note: Employees must change this information at Human Resources.*

**NAME** \_\_\_\_\_

**SBID#** \_\_\_\_\_

#### ***Which of the following are you updating?***

**Social Security Number** – Please provide signed SS Card.

\_\_\_\_\_  
(Old Number in System – if any)

\_\_\_\_\_  
(New Number)

**Date of Birth** – Please provide Birth Certificate, Drivers License or Permit.

\_\_\_\_\_  
(Date of Birth in System)

\_\_\_\_\_  
(New Date of Birth)

**Gender**

\_\_\_\_\_  
(Current Gender in the System)

\_\_\_\_\_  
(Updated gender)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Submit to: Registrar's Office – Stony Brook Union, Suite 206**  
Stony Brook, NY 11794-3221  
Phone: (631) 632-6175 Fax: (631) 982-7320

### OFFICE USE ONLY

#### **ID Provided:**

- Signed Social Security Card
- Birth Certificate
- Drivers License/Permit

Stamp Date Received:

\_\_\_\_\_  
Staff Initial

\_\_\_\_\_  
Date