



**STUDENT BIOGRAPHICAL CORRECTIONS**

STUDENT NAME (as it presently appears): \_\_\_\_\_  
Last First

9 Digit Osis: \_\_\_\_\_ D.O.B \_\_\_\_\_ Official Class \_\_\_\_\_

Please fill in the information below for only those items being corrected and/or changed.

Corrected Name: \_\_\_\_\_  
Last First

Gender: M F (circle one)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (must provide copy of Birth Certificate)

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency/Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Apt. # Borough Zip Code

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Acceptable proof of address:
- Utility bill (gas, electric, water)
  - Deed to a House
  - City Housing Authority or Human Resources Administration
  - Medical insurance cards
  - If subletting or sharing a living space with another family, an affidavit attached to the lease or deed from the leaseholder or homeowner.
  - In **addition**, a telephone bill would be useful as well.

PLEASE RETURN THIS FORM AND PROPER DOCUMENTATION TO: Ms. La Monica, Program Office  
Room 201