

Personal Data Change



I, _____, request that the information given to be changed in my student record,
Full Name (PLEASE PRINT CLEARLY)
my identification number is: (student ID # OR last four digits of SSN) _____

SIGNATURE

Social Security Number Change (MUST include a copy of your Social Security Card)

From: _____ To: _____

Name Change (Must include a copy of a marriage license, a divorce decree, or a court order)

From: _____ Jr. Sr. II III
Last First Middle

To: _____ Jr. Sr. II III
Last First Middle

Do you want a new network/email login? No Yes If yes, please allow five business days for processing.

Birth Date Change (Must include a copy of birth certificate or state driver's license or identification card)

From: _____ To: _____
MONTH DAY YEAR MONTH DAY YEAR

For Office of the Registrar Use Only:

Does 'From' information agree with system Yes No (If no, please indicate what changes were different in the 'From' boxes.)

Processed by: _____ Processed on: _____