



---

## Request to Change Personal Information

**Instructions:** This form is used for students to change or correct their name, social security number or address. This form must be accompanied by the specified documentation listed below and returned to the Office of the Registrar for processing. Requests will be accepted in person, by mail or by email using high-quality scanned images. The Office of the Registrar reserves the right to reject any request if the requisite documentation is not of acceptable quality. Please only complete form fields that are associated with your request. *Electronic signatures are not permitted.*

### Student Information (Please print):

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

### For which of the following are you requesting a change or correction?

Name       Social Security Number       Address

Complete the applicable section and submit the required documentation along with a copy of a government-issued Photo I.D.

---

#### NAME CHANGE

Certified copy of birth certificate, certified copy of marriage license, dissolution decree or court order

NEW Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Current Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

*I intend to continue to use the NEW name indicated above consistently, and I have not adopted this name for fraudulent purposes.*

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

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

---

#### SOCIAL SECURITY NUMBER CHANGE

Copy of Social Security card

Social Security Number: \_\_\_\_\_

Reenter Social Security Number: \_\_\_\_\_

*I certify that the information on this form is correct.*

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

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

---

#### Address Change

No documentation required

Old Address \_\_\_\_\_

New Address: \_\_\_\_\_

*I certify that the information on this form is correct.*

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

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