



Student Information Change Form

This form is used to change your Name, Address or Social Security Number. Please print and complete all information pertaining to your desired change. Requests must be accompanied by required documentation.

Complete the box below as it <i>currently appears</i> on our records. Please print clearly		
Last Name:	First Name:	Middle:
EMPL ID or Last 4 of SSN:		Date of Birth:

Change of Mailing Address	
FROM	TO
Street:	Street:
City:	City:
State:	State:
Zip code:	Zip code:
Phone:	Phone:

Change of Name		
Please write your name below as it should now appear on your records Requires one form of documentation: Social Security Card		
Last Name:	First Name:	Middle:
Change of Date of Birth		
Requires one form of documentation: Birth Certificate, US Issued Drivers' License/ID or Passport		
From:	To:	
Change of Social Security Number		
Requires documentation: Social Security Card		
From:	To:	
Change of Gender		
Requires one form of documentation: birth certificate or court order legalizing preferred gender, or valid driver's license or passport reflecting the gender identity.		
From:	To:	

I hereby confirm the above information to be accurate. I understand without providing the proper documentation the requested change cannot be processed. All forms of documentation must be valid original documents or certified copies.

Signature: _____ **Date:** _____