



STUDENT INFORMATION UPDATE FORM

Please complete this for SSN, Name or Date of Birth changes and attach proper documentation for proof of change(s). Submit the completed form and documents to the Registrar's Office. *If proper documentation or required information is missing, the request will not be processed.*

Name: _____
Last First Middle

Student ID#: W _____ Date of Birth: _____ SSN: _____

Phone: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Check only boxes you wish to change.

Name

Current Name: _____
on file Last First Middle

New Name: _____
(Current Legal Name) Last First Middle

REQUIRED – Attach copy of driver's license, government issued ID, or Social Security card for documentation of name change

Social Security Number

_____ Current Number on File Correct Number as shown on Social Security card

REQUIRED – Attach copy of Social Security card for documentation of SSN change

Date of Birth

Current Date of Birth on file: _____ Correct Date of Birth: _____

REQUIRED – Attach copy of driver's license or official government issued ID for documentation of date of birth change

Office Use Only

Updated By: _____ Date: _____
Registrar's Office Staff Signature