

STUDENT INFORMATION CORRECTION

IMPORTANT: Please read all directions and fill out the form carefully. Review all your information to make sure that it is correct before submitting to the Admissions and Records office. **You do NOT have to fill all the boxes below, only complete the box with the correction you wish to make. You must provide legal documentation for items marked **.**

CURRENT NAME ON FILE: _____ CURRENT D.O.B ON FILE: _____

STUDENT ID#: _____ EMAIL: _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

STUDENT SIGNATURE: _____ DATE: _____

NAME CHANGE CORRECTION**

LAST NAME:

FIRST NAME:

M.I.: _____

DATE OF BIRTH CORRECTION**

MONTH: _____

DAY: _____

YEAR: _____

SOCIAL SECURITY NUMBER CORRECTION**

Make sure to double check your Social security card before entering the number. It must be accurate to ensure the integrity of your permanent record. PLEASE ATTACH A COPY OF YOUR SOCIAL SECURITY CARD AND GOVERNMENT ISSUED ID.

SOCIAL SECURITY NUMBER CORRECTION: _____ - _____ - _____

AFFIRMED GENDER IDENTITY: (Optional)

FEMALE MALE NON BINARY PREFER NOT TO STATE

OFFICE USE ONLY

Correction Made: NAME CHANGE DATE OF BIRTH SOCIAL SECURITY # GENDER IDENTITY

Verify Non-Employee

DATE: _____ STAFF INITIALS: _____