



Name Change and/or Date of Birth Correction

ADMISSIONS AND RECORDS

Current Name on file _____

Student ID# _____ Email _____ Phone _____

Student Signature _____ Date _____

LEGAL DOCUMENTATION MUST ACCOMPANY REQUEST

NAME CHANGE CORRECTION

Last Name _____

First Name _____

MI _____

DATE OF BIRTH CORRECTION

Month _____ Day _____ Year _____

OFFICE USE ONLY Staff Initials _____ Verify non-employee ☐ Date _____



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