

Student Data Change Form

Change of:

Student Name: _____

Empl ID#: _____

- Birthdate
- Name
- SSN

Please complete only the areas in which a change is being made

Date of Birth

**College policy requires documentation for changes to your date of Birth (copy of driver's license)

Date of Birth: _____

Name Changes

** Records must have a copy of driver's license or valid photo ID to change names.

Previous Name: _____ / _____ / _____
 (Last) (First) (Middle)

New Name: _____ / _____ / _____
 (Last) (First) (Middle)

SSN Changes

**College policy requires documentation for changes to your SSN# (copy of SSN card)

Social Security #: _____

Student Signature

Date

Records Office Use only:

IDs/Documents Verified Corrected in System Staff Initials: _____ Date entered: _____