

## NAME, D.O.B & SSN 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. <b>Documentation required.** 

URRENT NAME ON FILE:	C	CURRENT D.O.B ON FILE:		
TUDENT ID#: EMAIL:		PHONE:		
IAILING ADDRESS:	CITY:	STATE:	ZIP:	
TUDENT SIGNATURE:		DATE:		
EGAL DOCUMENTATION MUST ACCOMPANY REQ	UEST:			
NAME CHANGE CORRECTION		DATE OF BIRTH CORRECTION		
LAST NAME:	MONTH:			
FIRST NAME:				
M.I:	YEAR:		<del></del>	
SOCIAL SECURITY NUMBER CORRECTION  Make sure to double check your Social security card be permanent record. PLEASE ATTACH A COPY OF YOUR SO	•		ure the integrity of	
SOCIAL SECURITY NUMBER CURRENTLY ON FILE:				
SOCIAL SECURITY NUMBER CORRECTION:				
OFFICE USE ONLY				
	☐ DATE OF BIRTH ☐	SOCIAL SECURITY NUM	IBER	