



REGISTRAR'S OFFICE

Legal Personal Information Change Request Form

This form may be used by current students or alumni to update personal information on their permanent student record.

STUDENT RECORD IDENTIFICATION			
Last Name:		First Name:	Middle Name:
Transy ID#:	SSN:		Date of Birth:
Phone: ()		Email:	
Mailing Address:			
City:		State:	ZIP Code:
Dates of Attendance:			

I hereby request to change the following on all permanent University records:

☐ Name

NAME CHANGE INFORMATION		
New Last Name:	New First Name:	New Middle Name:
Documentation Required: (1 of the following must support new name)		
<input type="checkbox"/> Military or State Issued Identification with photo (ex. driver's license)	<input type="checkbox"/> Government Issued Passport (Must be signed)	
<input type="checkbox"/> Official Marriage Certificate	<input type="checkbox"/> Citizenship/Naturalization Certificate	
<input type="checkbox"/> U.S. Social Security Card (Must be signed)	<input type="checkbox"/> Court Issued Adoption Papers	
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Court Issued Divorce Decree	
<input type="checkbox"/> Court Issued Name Change		

☐ Date of Birth

DATE OF BIRTH CHANGE INFORMATION	
DOB on Record:	Correct DOB:
Documentation Required:	
<input type="checkbox"/> Military or State Issued Identification with photo (ex. driver's license)	<input type="checkbox"/> Government Issued Passport (Must be signed)

☐ Social Security Number

SOCIAL SECURITY CHANGE INFORMATION	
SSN on Record:	Correct SSN:
Documentation Required:	
<input type="checkbox"/> Signed temporary or permanent social security card AND State issued identification with photo (ex. driver's license)	

☐ Gender

GENDER CHANGE INFORMATION	
Gender on Record: <input type="checkbox"/> Female <input type="checkbox"/> Male	Correct Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Documentation Required:	
<input type="checkbox"/> Court Issued Gender Change AND State issued identification with photo (ex. driver's license)	

Student Signature: _____ Date: _____