

Student Information Change Form

| | | |
|--------------------------------------------------------------------------------------------|-------------|----------------|
| Complete the box below as it <i>currently appears</i> on our records. Please print clearly | | |
| Last Name: | First Name: | Middle: |
| RAM ID or Last 4 of SSN: | | Date of Birth: |

| Change of Mailing Address | |
|---------------------------|-----------|
| FROM | TO |
| Street: | Street: |
| City: | City: |
| State: | State: |
| Zip code: | Zip code: |
| Phone: | Phone: |

| Change of Name | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------|
| Please write your name below as it should now appear on your records Requires one form of documentation: Marriage Cert, Divorce Decree or Court Order Including Both Names | | |
| Last Name: | First Name: | Middle: |

| Change of Date of Birth | |
|--------------------------------------------------------------------------------------------------|------------|
| Requires one form of documentation: Birth Certificate, US Issued Drivers' License/ID or Passport | |
| From: | To: |

| Change of Social Security Number | |
|----------------------------------------------|------------|
| Requires documentation: Social Security Card | |
| From: | To: |

| Change of Gender | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Requires one form of documentation: Pre or post-operative documentation from qualified health care provider, letter of support from a qualified mental health professional, birth certificate or court order legalizing preferred gender, or valid driver's license or passport reflecting the gender identity. | |
| From: | To: |

I hereby confirm the above information to be accurate. I understand without providing the proper documentation the requested change cannot be processed. All forms of documentation must be valid original documents or certified copies.

Signature: _____

Date: _____