

TO CHANGE OR CORRECT RECORDS

(Only the person to whom these records belong may request changes)

State law and university policy, with limited exceptions, allow you to be informed about information the University collects about you, to review and obtain the information on this form and to correct any information you believe is incorrect.

ID Number _____ Name _____
last first middle

Currently enrolled _____ ; If not, date of last enrollment _____
yes or no

_____ Change mailing address to _____
street city/state zip phone

_____ Change permanent address to _____
street city/state zip phone

Correct or change Birth Date _____ Gender FROM _____ TO _____

Change name FROM _____ TO _____
last first mi last first mi

REASON _____

_____ Correct Social Security number FROM _____ TO _____

_____ EMERGENCY NOTIFICATION _____
name / relationship

_____ street city/state zip phone

STUDENT'S SIGNATURE

FOR OFFICE USE ONLY:

Corrected: Permanent Record _____, Update EIS _____, DarWin _____