



Social Security Number Correction/Change

Student Name _____ Student ID _____

Student Email: _____ Phone _____

Please Note:

A legible copy of your signed Social Security Card must be submitted with this form for the change to be processed.

Current Social Security Number on Record:

New Social Security Number on Record:

Reason for the Change

Signature (required) _____ Date _____

For Office of the Registrar - Student Records Use Only

Processed by _____ Date _____