



**Office of the Registrar**  
**Personal Data Correction Form**

Student first name: \_\_\_\_\_ Student last name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

**\*\*Only complete what needs to be updated. To change your name, use the name change request form.\*\***

**Section A Address**

Street: \_\_\_\_\_ Apt (if applicable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

**Section B Telephone Number**

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Business: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Section C Email Address**

Personal: \_\_\_\_\_@\_\_\_\_\_  
 Business: \_\_\_\_\_@\_\_\_\_\_

**Section D Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Section E Gender and Marital Status**

Gender: Male:  Female:   
 Marital status: Single:  Married:

**Section F Other**

Social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *\*Must include copy of Social Security card\**

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy) *\*Must include copy of Legal ID\**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_