PERSONAL DATA CHANGE FORM

Please fill in your name as it currently is in our student record system.

Last Name  First Name  Middle Name

Signature  /  /  Tech ID  /  /

Today's Date  Date of Birth

Legal Documentation Must Be Provided With Your Request For A Name Change To Student Records.

Please attach a copy of one of the following documents with your request: Certificate of US Citizenship, Court Document, Divorce Decree, Driver's License, Marriage Certificate, Passport.

From:  

Last Name  First Name  Middle Name

To:  

Last Name  First Name  Middle Name

☐ Check if you have applied for Graduation. The name on your records will be the name that is printed on your diploma.

Marital Status:  ☐ Single  ☐ Married  ☐ Divorced

Gender:  ☐ Male  ☐ Female

Are you an international student on a F-1 or J-1 visa?  ☐ Yes  ☐ No

Social Security Number Change

Attach a copy of your social security card. Please make sure you have signed your card, without your signature an update cannot be made. If you are receiving financial aid this information will be shared with Financial Services.

FROM:  - - - - - - - - - - - - - - - TO:  - - - - - - - - - - - - -

Are you currently receiving Financial Aid?  ☐ Yes  ☐ No

Many colleges/universities use social security numbers and birthdates for student identification purposes on student records. Providing this information is voluntary. If you do not provide these numbers, your application will not be processed. This data is requested for purposes of administration.

Return this completed form to the Office of the Registrar, WA 132

A member of the Minnesota State Colleges and Universities System and an Affirmative Action/Equal Opportunity University.

This document is available in alternative format to individuals with disabilities by calling the Office of the Registrar at 507-389-6266 (V), 800-627-3529 or 711 (MRS/TTY).

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