



CSUB ID#: \_\_\_\_\_ Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name (currently on records): \_\_\_\_\_  
(Last) (First) M.I.

**Please make the following changes on my records (*only write where changes need to be made*):**

Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

**You must include supporting documentation for proof of name change  
(e.g. driver's license, marriage certificate, court documents)**

Name (as to appear on records): \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_  
Street Apt. City State Zip

Telephone #: (\_\_\_\_) \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_  
Cell\_\_ Home\_\_ Work\_\_ Cell\_\_ Home\_\_ Work\_\_

Email Address: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

Received By Initials and Date

Processed By Initials and Date