

REQUEST FOR DATA CORRECTION FORM

Please complete the appropriate sections and print clearly.

DATE: _____	STUDENT ID: _____
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Last Name:	First Name:	M.I.
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TYPE OF CHANGE REQUEST *Check the appropriate item(s) and complete the corresponding sections below.*

Address
 Phone
 Name
 Social Security #

SECTION 1: CHANGE OF ADDRESS

*A change of address does not indicate a change in Residency Status. Note: **CRMC** is the only dorm that can be used as a home address. Your student ID or State / government Photo ID should accompany the change of address request.*

PREVIOUS: Home Address _____

PREVIOUS: Phone # _____ (specify /check one) Home ___ Work ___ Mobile ___

NEW HOME ADDRESS: _____ Apt. _____

City/Town: _____

State: _____ **Zip:** _____ **County:** _____

NEW PHONE #: _____ Home ___ Work ___ Mobile ___

SECTION II. CHANGE OF NAME

Your signed social security card and one of the following documents that reflects the same name must accompany the change of name request: state/government photo identification, birth certificate, marriage certificate, divorce decree, court petition, or passport.

PREVIOUS: Last Name	First Name	M.I.
NEW: Last Name	First Name	M.I.

SECTION III. CHANGE OF SOCIAL SECURITY NUMBER (SS#)

You must attach a signed copy of your government issued social security card.

PREVIOUS SS#:	NEW SS#:
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*Your supporting documentation should be directed to the Enrollment Services Division's servicing window located on the 1st Fl. Henry Administration Bldg. (recommended) or to registrar@bowiestate.edu.
The Office of the Registrar reserves the right to request additional documentation to support the verification of identity.*

Student's Signature:	Date:
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