

**Instructions:**

1. Use this form to correct you name, social security number, date of birth, gender, or address. For any corrections other than an address change, **legal supporting documentation will be required**, i.e. court document, current Driver’s License or State ID, Social Security Card, Passport, etc.
2. Complete all parts of the form and attach supporting documentation to confirm change requested.
3. Submit Social Security Number corrections in person, via mail, or fax to the Campus Service Center at the address or fax number above. **Do not submit SSN corrections via email.**
4. Submit all other change requests to Office of the Registrar in person, via mail, or from your official CSUMB email address to [records@csumb.edu](mailto:records@csumb.edu). Copies of supporting documentation received in any other form besides in person must include a copy of your photo ID.

**Part 1: Student Information**

<b>STUDENT ID:</b>	<b>FIRST NAME:</b>	<b>LAST NAME:</b>
<b>PHONE NUMBER:</b>	<b>E-MAIL ADDRESS:</b>	

1. Have you ever been employed at CSU Monterey Bay?  Yes  No  
*If you have ever been previously employed by the University (student assistant, staff, faculty, other), you must contact the Campus Service Center to fill out an additional form for the payroll department.*
2. Which best describes your student status?    Applicant/Admitted    Current Student    Former Student

**Part 2: Personal Information Change Request (select those that apply)**

**Name Change** *CSUMB uses your legal name.*

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Correct Last
Correct First
Correct Middle

**Social Security Number / Individual Taxpayer ID Change** *Name on SSN/ITIN must match name on school records.*

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Correct SSN/ITIN

<input type="checkbox"/> <b>Date of Birth Change</b> <hr/> <p style="display: flex; justify-content: space-between;"> <span>Month</span> <span>Day</span> <span>Year</span> </p>	<input type="checkbox"/> <b>Gender Change</b> <i>Select from the following options.</i> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary
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**Address Change (Please check one or both):**     **Permanent**     **Student Mailing**

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Street
City
State
Zip Code

**Part 3: Student Signature**

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

OFFICE USE ONLY		
Received by:	Date:	Forwarded to:
Processed by:	Date:	