

## Personal Data Change Request

Former Last Name (currently in system)	Former First (currently in system)	Former Middle (currently in system)
New Last Name (if applicable)	New First (if applicable)	New Middle (if applicable)
New Title/Prefix (if applicable)	New Suffix (if applicable)	
Student ID#	Date of Birth (currently in system)	
Former Social Security Number / National ID # (currently in system)	Daytime Phone #	
New Social Security Number / National ID # (if applicable)	E-Mail Address (primary/preferred)	
International Student?		

**Address Update:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Staff Assisted Changes:** Please check all that apply

- Legal change of name
- Correction of existing name (data entry error in system)
- Legal change of SSN / National ID
- Correction of existing SSN / National ID (data entry error in system)
- Update title, prefix, suffix
- Update date of birth
- Update marital status
- Update gender
- Other \_\_\_\_\_

Two Valid Forms of Identification Must Be Presented With Request (check all that apply)	One or More of The Following <b>Must</b> Accompany a Name Change Request (check all that apply)
<input type="checkbox"/> Driver's License or State ID <input type="checkbox"/> Social Security Card with signature (this <u>must</u> accompany a social security number change) <input type="checkbox"/> NUHS ID (this <u>must</u> accompany a Social Security number change) <input type="checkbox"/> Valid / Unexpired Passport (required for F-1 and J-1 international student requests)	<input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Court Order

I authorize National University of Health Sciences to update my personal information per this request and to correspond with me if necessary at the above listed personal contact information. I verify that all documentation and identification presented is current and accurate.



Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_