

POLICY AND PROCESS

- Students requesting to update biographical information in their student record must complete the following request form and send a copy of their Government Issued Photo ID **and** a copy of the legal documentation supporting the change of biographical information to the Registrar's Office. All requests will be processed within 3-5 business days.
 - Choose from one of the following **Government Issued Photo ID options**:
 - State Driver's License or State-issued photo ID
 - Passport
 - Military Identification Card
 - Choose from one of the following **legal documentations accepted**:
 - Date of Birth Change*: A copy of the birth certificate or an additional copy of a Government Issued Photo ID.
 - Social Security Number Change*: A copy of the social security card.
 - Change of Legal Name*: A copy of the marriage certificate, divorce decree, or legal name change document.
- For security reasons, students may send a copy of their Government Photo IDs through the Secure Message Center at <https://encryptmail.une.edu> to Registrar@une.edu.

STUDENT INFORMATION

First Name: _____ Last Name: _____ Maiden Name: _____

Email: _____ Date of Birth: _____ Phone Number: _____

 PRN or SSN: _____ Current Student: ☐ Yes ☐ No Dates of Attendance: _____

SECTION I: REQUESTING CHANGE OF LEGAL NAME

Reason for Legal Name Change: _____

	First	Middle	Last
Current Name on Record			
New Legal Name			

SECTION 2: REQUESTING DATE OF BIRTH CHANGE

 Reason for Date of Birth Change: ☐ Correction of Error ☐ No Date of Birth on File ☐ Other: _____

Date of Birth: ____/____/____ (mm/dd/yyyy)

SECTION 3: REQUESTING UPDATE TO SOCIAL SECURITY NUMBER

 Reason for Social Security Update: ☐ Correction of Error ☐ No Social Security on File ☐ Other: _____

Social Security Number: _____ - _____ - _____

STUDENT APPROVAL AND ACKNOWLEDGEMENT (Font signature not accepted)

I, the undersigned, hereby declare that the information provided in this request is accurate and true. I understand that the requested change of biographical information will be reflected in my academic records, and I agree to provide the necessary documentation to support this change.

Student Signature: _____ Date: _____