

College's duties and responsibilities.

## **Record Change Form**

Completed forms should be submited to Student Records through a help desk ticket at <a href="help.fscj.edu">help.fscj.edu</a>. Choose Category - MyFSCJ and Subcategory - Student Records.

FS	CJ STUDENT ID #	NAME				
AR	RE YOU AN FSCJ EMPLOYEE					
	<b>LEGAL NAME CHANGE:</b> Photo ID and docur Acceptable documentation includes: divorce or passport.	·	_	_	r, Social Security	card, state ID
	NEW LEGAL NAME					
		LAST	FIRS	ST .		MIDDLE
	PREFERRED FIRST NAME CHANGE: No doc	cumentation is required.				
	PREFERRED FIRST NAME					
	SOCIAL SECURITY NUMBER CORRECTION	: Photo ID and a valid So	cial Security card v	with your new	number <b>must</b> be	provided.
	OLD SOCIAL SECURITY NUMBER					
	NEW SOCIAL SECURITY NUMBER					
	DATE OF BIRTH CORRECTION: Documentat	tion and photo ID <b>must</b> b		//	//	YYYY
	GENDER CORRECTION/UPDATE: Photo ID a	and documentation <b>mus</b>	<b>t</b> be provided (e.g.	. driver's licen	se, state ID, court	order, etc.)
	☐ FEMALE ☐ MALE ☐ UNDISCLOS	ED				
	ADDRESS CHANGE: To update your address	s, log in to myFSCJ, click t	he "Profile" tile an	ıd select "Addr	resses."	
	<b>TELEPHONE NUMBER CHANGE:</b> To update select "Contact Details."	your telephone number	(s), log in to myFS0	CJ, click the "Pr	rofile" tile and	
	<b>NEW PERSONAL EMAIL:</b> To update your em NOTE: FSCJ will always communicate with yo				ontact Details."	
ST	UDENT'S SIGNATURE			DATE		
Re	eceived by Date		Processed by		Date	
	compliance with Florida State Statute 119.071(		_			

if specifically required by law to do so or if necessary for the performance of the College's duties and responsibilities. The College takes appropriate measures to secure SSNs from unauthorized access and does not release SSNs to other parties except as required to fulfill the