

FSCJ STUDENT ID # _____ **NAME** _____

ARE YOU AN EMPLOYEE YES NO

LEGAL NAME CHANGE: Photo ID and documentation **must** be provided for a legal name change.
Acceptable documentation includes: divorce papers showing legal name, driver's license, court order, Social Security card, state ID or passport.

NEW LEGAL NAME _____
LAST FIRST MIDDLE

PREFERRED FIRST NAME CHANGE: No documentation is required.

PREFERRED FIRST NAME _____

SOCIAL SECURITY NUMBER CORRECTION: Photo ID and a valid Social Security card with your new number **must** be provided.

OLD SOCIAL SECURITY NUMBER _____

NEW SOCIAL SECURITY NUMBER _____

DATE OF BIRTH CORRECTION: Documentation and photo ID **must** be provided. _____ / _____ / _____
MM DD YYYY

GENDER CORRECTION/UPDATE: Photo ID and documentation **must** be provided (e.g. driver's license, state ID, court order, etc.)

FEMALE **MALE** **UNDISCLOSED**

ADDRESS CHANGE: Photo ID **must** be provided.

MAILING ADDRESS _____

CITY/STATE/ZIP CODE _____

COUNTY _____

TELEPHONE NUMBER CHANGE: Photo ID **must** be provided.

HOME _____ **CELL** _____

NEW PERSONAL EMAIL ADDRESS: Photo ID **must** be provided.

STUDENT'S SIGNATURE _____ **DATE** _____

Received by _____ Date _____ Processed by _____ Date _____

In compliance with Florida State Statute 119.071(5), students should be aware that Florida State College at Jacksonville collects and uses SSNs 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 College's duties and responsibilities.