

Record Change Form

Please print clearly.

Student Name: _____ Student I.D. Number: _____

Are you an employee? Yes No

Section I: Name Change

Please attach one item of documentation that shows your new/updated name (copy of driver's license, marriage certificate, divorce certificate or court order).

Previous name:

Last	First	Middle
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New/updated name:

Last	First	Middle
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Section II: Gender Change

Male: _____ Female: _____ Intersex: _____ Undisclosed: _____

Section III: SSN Change

A Social Security Card must be submitted with this form when requesting an SSN change.

Previous SSN: _____ Updated SSN: _____

Section IV: DOB Change

Date of Birth: _____

Student Signature (Required)

Date

Received by (Please Print)

Campus

Date

Processed by (Please Print)

Date

Service Indicator

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.