Name /SSN/DOB Change Request Form
University of Colorado
FAX: 303-492-8748
(Documentation Required)

Please Print Legibly

Correct Information:

Student Name: _____

(*Last)* *(First)* *(Middle)*

Only 30 spaces can be entered on the computer system.

Student Number: _____ Date of Birth: _____

Social Security Number _____ required only if being corrected;
plus a copy of Social Security card.

Are you graduating this semester? Yes _____ No _____

Incorrect Information: Only fill in fields to be corrected.

Student Name: _____

(Last) *(First)* *(Middle)*

Social Security Number: _____

Date of Birth: _____

I hereby request that a change of name/student number/date of birth be made to my academic records at the University of Colorado.

Student Signature: _____ Date: _____

Phone #: _____ Email: _____

If an error occurs in processing or if you have any further questions, please contact the Office of Academic Records at (303) 492-6907 or write to:

Office of the Registrar
University of Colorado
105 Regent Administrative Center
20 UCB
Boulder, CO 80309-0020

Please keep a copy of this for your records.