



INSTRUCTIONS Save this PDF to your computer, open using [Adobe Reader](#), complete, print, sign and submit to the Office of the Registrar.

Legal documentation must be included with the completed form. Emailed forms must be from the student's CNU email or from the former student's email on record. Changes may take 5-7 business days to process. Name changes occur twice a year at the end of each semester. A photo ID is required to make all changes.

- Complete Part 1 to change/correct your legal name.
- Complete Part 2 to correct your date of birth.
- Complete Part 3 to change/correct your Social Security Number.
- Complete Part 4 to change/correct your gender.

To update your contact information, please do so through your Student Portal or submit the Change of Address form.

STUDENT INFORMATION

Current Name in CNU Records: _____
Last *First* *Middle*

Student ID #: _____ Class of: _____ Date of Birth: _____ Phone #: _____

College: _____ Personal Email (*alumni only*): _____

PART 1: NAME CHANGE/CORRECTION (Copy of updated photo ID & court document required)

Attach your driver's license and marriage certificate, divorce decree, court order, or other legal document indicating your full legal name. The Office of the Registrar will notify the Business Office, EEP, Financial Aid, Library and IT departments.

Correct/New Name: _____
Last *First* *Middle*

PART 2: DATE OF BIRTH CORRECTION (Copy of photo ID is required)

Attach a copy of your driver's license.

Incorrect Birthdate: _____ Correct Birthdate: _____
(MM/DD/YYYY) *(MM/DD/YYYY)*

PART 3: SOCIAL SECURITY NUMBER CHANGE/CORRECTION (Copy of photo ID & Social Security Card required)

Attach a copy of your Social Security Card. Do not submit request via email. Please submit change in person, by mail, or by fax.

Incorrect SSN: _____ - _____ - _____ Correct SSN: _____ - _____ - _____

PART 4: GENDER CHANGE/CORRECTION (Copy of photo ID required)

Attach a copy of your driver's license.

Current Gender on Record: _____ Corrected Gender: _____
(Male, Female, or Unknown) *(Male or Female)*

I certify that I am the above named person and the information I have provided is accurate.

Student Signature: _____ **Date:** _____

OFFICE OF THE REGISTRAR USE ONLY		Doc Rec'd:	<input type="checkbox"/> Court/Marriage/Divorce	<input type="checkbox"/> Photo ID	<input type="checkbox"/> SSN Card
Date Received: _____	Date Processed: _____	Processed By: _____	Updated 04/18 OR		