

DATE OF BIRTH/ SOCIAL SECURITY NUMBER CHANGE FORM

Note: Employees must change this information at Human Resources

STUDENT'S NAME (please print): _____

STUDENT'S UID #: _____

Which of the following are you updating?

Social Security Number (SSN) – Please provide signed SSN Card and a valid picture ID.

(Old Number in System – if any)

(Correct Number)

Date of Birth – Please provide Birth Certificate, Driver's License, or Passport

(Date of Birth in System)

(Correct Date of Birth)

Student's Signature: _____

**Signature required – request will not be processed if omitted.*

Submit to: Registrar's Office – Cook Administration Building Room 128
Chicago State University
9501 South King Drive
Chicago, IL 60628

OFFICE USE ONLY

Stamp Date Received

ID Provided:

Signed Social Security Card

Birth Certificate

Driver's License

Passport

Staff Initial

Date Received