

**Please print all information. You must include your signature at the bottom of this page. Changes will be made within 3 working days unless the beginning or ending of the term.*

STUDENT INFORMATION (required)

Name: _____ CSU ID#: _____

NAME / SOCIAL SECURITY NUMBER CHANGE

Name changes must be accompanied by a legal document indicating the correct name. Acceptable legal documents include a marriage license, divorce decree, driver's license or social security card. A copy of your social security card must be presented if you wish to correct your social security number.

New Name: _____
 Previous Name: _____
 Maiden Name: _____
 Reason for Change: _____ Misspelled _____ Marriage _____ Legal _____ Divorce
 Correct Social Security Number: _____

EMERGENCY CONTACT INFORMATION

**You may also change your emergency contact information online via CampusNet*

Name: _____
 Relation: _____
 Telephone Number (List all that apply): _____

ADDRESS CHANGE

**You may also change your address online via CampusNet
 STAY WITHIN THE PRINTED BLOCKS – abbreviate where necessary*

Street Number: Apt. or PO Box Number:

Street Name:

City: State: Zip:

County (if Ohio)
 Or
 Country (if foreign)

Telephone:

***Signature (required):** _____ **Date:** _____
 Please return to Campus411 All-in-1 in MC 116