



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

REGISTRAR'S OFFICE

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CHANGE OF PERSONAL INFORMATION FORM

PLEASE TYPE OR CLEARLY PRINT IN THE FOLLOWING INFORMATION

- Spring
- Summer
- Fall

20

CURRENT TERM

FAMU STUDENT ID# _____

CURRENT INFORMATION ON UNIVERSITY ADMISSION RECORDS

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

(ex. 03-28-1985)

FEMALE MALE

CHANGE / CORRECT NAME ON UNIVERSITY RECORD TO:

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

CHECK BOX OF ATTACHED DOCUMENTATION	<input type="checkbox"/> COURT ORDER	<input type="checkbox"/> DIVORCE DECREE	<input type="checkbox"/> NATURALIZATION PAPERS
	<input type="checkbox"/> MARRIAGE LICENSE	<input type="checkbox"/> BIRTH CERTIFICATE	<input type="checkbox"/> Drivers License / Photo ID Card

CHANGE / CORRECT SOCIAL SECURITY NUMBER (Attach a copy of your new/correct card with photo ID)

INCORRECT NUMBER _____

TO

CORRECT NUMBER _____

STUDENT SIGNATURE _____

DATE _____

For Official Use Only

REQUEST: APPROVED DENIED

COMMENT(S) OR REASON(S)

DENIED: _____

AUTHORIZED OFFICAL SIGNATURE _____

DATE _____