

PERSONAL DATA CHANGE FORM

please print clearly and complete this section and all other sections that apply

(New)Name:

_____ (first)

_____ (middle)

_____ (last)

UMID: _____

SS#: _____

Date: _____

Signature: _____

Name Change/Correction

Former Name:

_____ (first)

_____ (middle)

_____ (last)

Reason for Change: _____

Required documentation for a name change/correction: Social Security card, marriage certificate, court order, passport, or driver's license

Social Security Number Correction/Addition

Incorrect Number/SINOA: _____

Required documentation for a Social Security number correction/addition: Social Security card

Birth Date Correction/Addition

Correct Birth Date: _____

Incorrect Birth Date: _____

Required documentation for a birth date correction: driver's license, passport, or birth certificate

Gender Correction/Addition

Correct Gender: _____

Required documentation for a gender change: driver's license, passport, birth certificate or court order

TO BE COMPLETED BY RO STAFF MEMBER ACCEPTING FORM

Relation to UM (circle all that apply): current student former student current employee former employee

Required documentation attached? YES NO Paper Supplements YES NO

Date faxed to HR (if applicable): _____ Date Faxed to IC (SEVIS) _____

Name of staff member processing form: _____ Date: _____