

Student Record Change Form

Section 1 – LEGAL NAME ON FILE

Last Name First Name Student ID Number

Preferred First Name Birth Date (MMDDYY)

Section 2 – NAME CHANGE | PREFERRED NAME

*For a legal name change, provide a state issued picture ID, or court documents.
If receiving Financial Aid, also provide your Social Security Card.*

Last Name First Name

Preferred First Name ☐ Remove Preferred Name on File

Section 3 – GENDER DESIGNATION | PERSONAL PRONOUN

Gender Designation: ☐ Female ☐ Male ☐ Non-Binary ☐ Other

Personal Pronoun: ☐ they/them/theirs ☐ she/her/hers ☐ he/him/his
☐ Pronoun or Pronouns not listed ☐ Prefer not to indicate

Section 4 – NEW ADDRESS | PHONE | EMAIL CHANGE

Address City State Zip

Primary Phone (Home or Cell) Alternate Phone (Home or Cell)

Email

Student Signature _____ **Date:** _____

Signifies Approval & Authorization

OFFICE USE ONLY			
Registration and Records Office		Financial Aid Office	IT Office
<input type="checkbox"/> SPAIDEN			
Date:	Initials:	Date:	Initials: