

REQUEST FOR CHANGE OF RECORD

PRESENT THIS FORM IN PERSON TO:

COLUMBUS CAMPUS - STUDENT CENTRAL, UPPER LEVEL, MADISON HALL

DELAWARE CAMPUS - STUDENT SERVICES, MOELLER HALL

OR MAIL/E-MAIL FORM AND DOCUMENTATION TO:

COLUMBUS STATE COMMUNITY COLLEGE

OFFICE OF THE REGISTRAR

550 EAST SPRING STREET

COLUMBUS, OH 43215

E-MAIL: changeinfo@csc.edu

PLEASE ALLOW UP TO 5 (FIVE) BUSINESS DAYS FROM RECEIPT FOR PROCESSING

INFORMATION TO BE CHANGED:

NAME CHANGE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

DOCUMENTATION (SEE BELOW) MUST BE PROVIDED FOR ALL NAME, SOCIAL SECURITY NUMBER AND DATE OF BIRTH CHANGES OR CORRECTIONS.

REQUIRED INFORMATION FOR ALL CHANGES/CORRECTIONS (PLEASE PRINT CLEARLY)

COUGARID NUMBER: _____

NAME CURRENTLY ON RECORD: _____
FIRST MI LAST

STUDENT SIGNATURE (REQUIRED): _____ DATE: ____/____/____

FORMS SUBMITTED WITHOUT THE REQUIRED DOCUMENTATION WILL BE RETURNED.

NAME CHANGE: (PLEASE PRINT CLEARLY)

DOCUMENTATION REQUIRED FOR NAME CHANGES OR CORRECTIONS:

- **Name Correction:** Updated government issued photo ID with full name for all.
- **Marriage:** Updated government issued photo ID and copy of marriage certificate, marriage license or court entry
- **Divorce:** Updated government issued photo ID and copy of divorce decree, court entry or order of legal name change
- **Legal Name Change:** Updated government issued photo ID and court order of legal name change

NEW NAME: _____
FIRST MIDDLE INITIAL OR NAME LAST

REASON FOR NAME CHANGE:

NAME CORRECTION/UPDATE MARRIAGE OR DIVORCE LEGAL NAME CHANGE

DATE NAME WAS OFFICIALLY CHANGED WITH THE SOCIAL SECURITY ADMINISTRATION: ____/____/____

SOCIAL SECURITY NUMBER CORRECTION (PLEASE PRINT CLEARLY)

DOCUMENTATION REQUIRED FOR SOCIAL SECURITY NUMBER CORRECTIONS:

- Current government issued photo ID, Copy of signed Social Security Card

INCORRECT SOCIAL SECURITY NUMBER: _____-_____-_____ CORRECT SOCIAL SECURITY NUMBER: _____-_____-_____

DATE OF BIRTH CORRECTION (PLEASE PRINT CLEARLY)

DOCUMENTATION REQUIRED FOR DATE OF BIRTH CORRECTIONS:

- Current government issued photo ID with full name and date of birth

INCORRECT DATE OF BIRTH: ____/____/____ CORRECT DATE OF BIRTH: ____/____/____

FOR OFFICE USE ONLY: Date Received: ____/____/____ Date Processed: ____/____/____

Processed By (Signature Required): _____

Documentation Attached: Yes No