

# Change of Personal Information

OTECH • Office of the Registrar • 200 N Washington BLVD • Ogden, UT • 84404 • 801-627-8493 • 385-469-0861 fax

## Instructions

- All requests require the student's signature and one form of documentation (See Required Documentation).
- Submit this form along with the required documentation in person, via US mail, or via fax.
- Please Note: Individuals who are currently employed by the college must request these changes through Human Resources.

## Current Information (Please Print)

Student ID Number	Last Name	First Name	Middle
<b>Required Documentation:</b>			
<u>NAME CHANGE:</u> Marriage License/Certificate or Passport or Permanent Visa or Social Security Card or Birth Certificate or Court Order or Divorce Decree or Driver's License	<u>SOCIAL SECURITY NUMBER:</u> Social Security Card  <u>INDIVIDUAL TAX PAYER IDENTIFICATION NUMBER (ITIN):</u> ITIN Authorization Letter	<u>DATE OF BIRTH:</u> Birth Certificate or Passport or Permanent Visa	<u>GENDER CHANGE</u> Court Order or Driver's License

**PLEASE CHECK THE BOX(ES) YOU ARE REQUESTING TO CHANGE.**

<input type="checkbox"/> <b>Name Change</b>  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Last Name  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> First Name  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Middle	<input type="checkbox"/> <b>Social Security Number Change</b>  <input type="checkbox"/> <b>Individual Tax Payer ID Number</b>  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Old or Incorrect Number  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> New or Correct Number	<input type="checkbox"/> <b>Date of Birth Change</b>  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Old or Incorrect DOB  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> New or Correct DOB	<input type="checkbox"/> <b>Gender Change</b>  <input type="checkbox"/> Male <input type="checkbox"/> Female <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Old Gender  <input type="checkbox"/> Male <input type="checkbox"/> Female <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> New Gender
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I certify that I am responsible for any changes made to my personal information record. I also understand that any changes may cause complications if transcript orders or other information requests are submitted to, or data provided by, the university under former personal information.

Student Signature	Date
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**FOR REGISTRAR'S OFFICE USE ONLY**

Entered _____	Photo Identification _____	Documentation _____	Diploma Name Only _____	Verified _____
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