

DATE OF BIRTH/ SOCIAL SECURITY NUMBER CHANGE FORM

Note: Employees must change this information at Human Resources

Office of the Registrar | Cook Administration 128 | Phone: 773.995.2517 | Fax 773.995.3618 | Email: registrar@csu.edu

| STUDENT'S NAME (please print): | | | |
|---|---|---------------------------------|------------------|
| STUDENT'S UID #: | | | |
| | | | |
| | | (Old Number in System – if any) | (Correct Number) |
| Date of Birth – Please provide Birth Certificate, Driver' | s License, or Passport | | |
| (Date of Birth in System) | (Correct Date of Birth) | | |
| | | | |
| Student's Signature: | east will not be processed if amitted | | |
| | iversity ; Drive | | |
| *Signature required – | ninistration Building Room 128 iversity ; Drive | | |
| *Signature required – required – required – Submit to: Registrar's Office – Cook Adm Chicago State Uni 9501 South King Chicago, IL 60 | ninistration Building Room 128 iversity ; Drive | | |
| *Signature required – required – required – Submit to: Registrar's Office – Cook Adm Chicago State Uni 9501 South King Chicago, IL 60 OFFICE USE ONLY Stamp Date Received | ninistration Building Room 128 iversity ; Drive | | |