

Enrollment Services Office, 95 North 300 West, Salt Lake City, UT 84101-3500, FAX: 801-524-1900

**INSTRUCTIONS:**

1. This form is requesting changes to personal information on EnsignCollege Official Records.
2. All requests require this form along with any clean and visible copy of the required documentation in person, via fax, or by mail. No emails are accepted.
3. All changes require government issued photo identification that contains the person's correct name. Additional government issued documents may also be required as noted in the change request sections below.

**PERSONAL INFORMATION:**

Student ID Number: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name or Initial: \_\_\_\_\_

**CHANGE REQUEST: (PLEASE PRINT CLEARLY)**

Please check the box(es) you are requesting to change and complete all required fields:

<p><input type="checkbox"/> <b>Date of Birth Change</b></p> <p>_____</p> <p>Incorrect Date of Birth MM/DD/YYYY</p> <p>_____</p> <p>Correct Date of Birth MM/DD/YYYY</p> <p><u>Required Documentation:</u></p> <p>Government Issued Photo ID <b>AND</b></p> <p>Birth Certificate or Passport or Permanent Visa</p>	<p><input type="checkbox"/> <b>Name Change (as shown on the Social Security card)</b></p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Middle Name or Initial: _____</p> <p><u>Required Documentation:</u></p> <p>Government Issued Photo ID <b>AND</b></p> <p>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</p>	<p><input type="checkbox"/> <b>Social Security Number (SSN) Change or</b></p> <p><input type="checkbox"/> <b>Individual Tax Payer I.D Number (ITIN) Change</b></p> <p>_____</p> <p>Previous or Incorrect Number</p> <p>_____</p> <p>New or Correct Number</p> <p><u>Required Documentation:</u></p> <p>Government Issued Photo ID <b>AND</b></p> <p><b>SSN:</b> Social Security Card <b>ITIN:</b> ITIN Authorization Letter</p>
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**AGREEMENT AND SIGNATURE:**

I certify the information provided on this form and with any attached document and/or information is true and accurate. I understand providing false information can lead to dismissal from the College and/or have other consequences. I certify that I am responsible for any changes made to my personal information record. I understand the IRS penalties associated with any incorrect name and/or Social Security Number.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

FOR REGISTRAR'S OFFICE USE ONLY

Photo Identification    Documentation    Signature & Date   Entered by: \_\_\_\_\_ Date: \_\_\_\_\_ Verified by: \_\_\_\_\_ Last Update: June 2020