



| Student Information | | | | | |
|---------------------|--|----------------|--|-------------------|------|
| Name | | | | Student ID Number | |
| Local Address | | | | | |
| City | | State | | Zip Code | |
| Contact Phone | | Contact E-Mail | | | |
| Primary Major | | | | Graduating Term | |
| Please Select One | <input type="checkbox"/> Add Date of Birth | | <input type="checkbox"/> Correct Date of Birth | | |
| Student Signature | | | | | Date |

| Add or Correct Date of Birth | |
|---|-----------------------------|
| Add Date of Birth | Correction to Date of Birth |
| <p>If making this request by mail, this form and your signature <u>MUST</u> be NOTARIZED or if you are presenting this form in person, you will need to present it to the Office of the University Registrar with a valid photo ID.</p> | |

| Notary Statement | | | | | |
|--|--|--|--------|----------|----|
| City/County of | | | | State of | |
| The foregoing instrument was acknowledged before me on the | | | day of | | 20 |
| Notary Public | | | | | |
| My commission expires on | | | | | |
| SEAL | | | | | |

| Administrative Use Only | | |
|---------------------------|--|------|
| Approved and Processed by | | Date |