



Student ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name as it currently appears on Palm Beach State records:

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle or Maiden

Please complete the appropriate section(s) below.

<p><b>Address Change</b>  <i>(Required Documentation:            Photo ID that reflects new            address)</i></p>	<p>Address: _____  <small>Street or PO Box</small></p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: ( ____ ) _____  <small>Area Code</small></p> <p>Personal E-mail Address: _____ @ _____</p>
<p><b>Name Change</b>  <i>(Required Documentation:            Driver's License, State ID,            Marriage Certificate,            Court Document, or            Passport that reflects new            name)</i></p>	<p>New Name: _____  <small>Last First Middle or Maiden</small></p> <p>Reason for Name Change: _____</p> <p>Do you want to have your Palm Beach State student E-mail address changed to reflect your new name?    Yes    No</p>
<p><b>Social Security Number Change/Correction</b>  <i>(Required Documentation:            Photo ID <u>and</u> Social Security Card)</i></p>	<p>Current or Incorrect Social Security Number: _____ / _____ / _____</p> <p>New or Correct Social Security Number: _____ / _____ / _____</p>

\_\_\_\_\_

Student's Signature (Required)

\_\_\_\_\_

Date