

Date Received:

Name Change/Social Security Number Correction Form

Office of the Registrar

120 N. Clovis Avenue Clovis, CA 93612

Legal Name Change and/or a Social Security Number Correction

The Registrar's Office requires specific documentation before a Name/SSN update can be processed. Due to the sensitive nature of these documents, we request this form and supporting documents are submitted inperson at the address listed above. Contact Registrar's Office at registrar@chsu.edu for an appointment.

Personal Information		
SONIS Student ID #:	CHSU Email Address:	
Phone:	Birth Date:	
Current Legal Name as it appears on stud	dent records:	
Last Name	First Name	Middle
New Legal Name requested:		
Last Name	First Name	Middle
In order to process your Legal Name Change CHSU ID card and the following documentat		al security number, please provide your
Official Documents accepted by CHSU:	must provide 1 photo identifica	ation card)
\square Valid Driver's License, Passport, US G	Sovernment or State issue	d ID, Military ID card
AND (provide 1 of the following official docume	nts for Legal Name Changes)	
 □ Certified copy of an official governm □ Court issued legal name change decr □ Court issued divorce decree (only the position of the court issued divorce) □ Typographical Error – (provide a current of the court is signed Social Security Card (and the court is signed Social Security Card (a	ee page stating your name change t government-issued identificat	e is required)
For Legal Name Changes, a certified copy of your CURRENT name. The FORMER name of document.		
Requests that are mailed must include this f documentation. Change requests and suppo	_	
Certification: By signing below, I request that CHSU chang above. I have included all required documents	•	
Student Signature		Date
For Office of Registrar Use Only		

Received By: