

Biographical Changes Request

Office of the Registrar

Instructions: Use this form for: Legal Name Changes, Social Security Number, Ethnicity (Race)

In-person requests requires this form with all original documents required. Mailed requests require notarized copies of your documents mailed to the address listed above. **NOTE: Forms and official documents are not accepted by e-mail or fax.**

Name on Record: Please print the name that currently appears on your CHSU records

Last Name _____ First Name _____ Middle Name or Initial _____

SONIS Student ID: _____ Email: _____

Carefully read all information and list of required documents following this form.

Previous Information:
Only fill out applicable information for changes requested.

Last Name _____

First Name _____

Middle _____

Social Security Number _____

Are you Hispanic or Latino? Yes No

RACE
What is your race (choose one or more)?

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Unknown

New Information:
Only fill out applicable information for changes requested.

Last Name _____

First Name _____

Middle _____

Social Security Number _____

Are you Hispanic or Latino? Yes No

RACE
What is your race (choose one or more)?

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Certification:

By signing below, I request that CHSU change my student records to match the new information listed above. I have included all required documents to support this change.

Student Signature _____ Date _____

Please note: After graduation, no name change will be made to your academic record unless you re-enroll at CHSU

For Office of Registrar Use Only

Date Received: _____ Received By: _____

Required Documents and Information

Official Documents accepted by CHSU include the following:

- Valid, unexpired driver's license
- Passport
- Marriage Certificate/License
- U.S. Government ID card
- Applicable court document
- Social Security Card

LEGAL NAME CHANGE

Provide us with:

1. Current Status: Your current CHSU ID card.

AND

2. Copy of an official document indicating a change from your **FORMER** to your **CURRENT** name. The **FORMER** name on your CHSU records must match the former name on this document. Examples include:

- Certified copy of an official government-issued marriage certificate
- Legal name change decree – US city, county, or state court issued
- Divorce decree – US city, county, or state court issued
- Typographical Error – please provide a current government-issued identification document.

Mailed official documents must be a notarized copy.

SOCIAL SECURITY NUMBER CHANGE

Provide us with:

- A copy of the new Social Security card with the new number and a photo ID.
- If mailing in your request, please include a notarized copy of the new card and photo identification along with this form.

Return form and official documents to: Office of the Registrar
California Health Sciences University
120 N. Clovis Avenue
Clovis, CA 93612