

PERSONAL INFORMATION CHANGE REQUEST FORM
NORTH CAROLINA STATE UNIVERSITY
Department of Registration & Records
Box 7313, Raleigh, NC 27695-7313
Fax (919) 515-2376

This form may be used to update personal information on your student record. Please indicate the change below and make sure you provide proof of this change.

DATE OF BIRTH

Old DOB: _____ New DOB: _____

GENDER

_____ Male _____ Female

*****PLEASE PRINT*****

Name: _____
LAST SUFFIX FIRST MIDDLE

ID Number: _____ Curriculum/Class: _____

Phone: _____ E-mail: _____

Student Signature Date

A LEGAL DOCUMENT MUST BE PRESENTED TO CHANGE ANY OF THE ABOVE INFORMATION:

_____ Driver's License
_____ Certified Copy of Court Order
_____ Other _____

Received by Date