



Student Change of Name, SSN, or Date of Birth

1. Fill out the top portion completely with your information as it appears in the system.
2. Fill out the bottom of the form as needed. Please indicate **what change is being requested**. Do not fill out any unnecessary information. Sign the form at the bottom.
3. If you are just updating an address check the box next to Updated Address. No additional documentation is required.
4. If you have an updated or corrected social security number, please provide our office your signed social security card and photo ID.
5. If you have a new name, please provide **official** legal documentation of the change, such as state issued ID (ID card, driver's license, or passport), court documentation or marriage certificate.
6. If you are updating or correcting your date of birth, please provide a copy of state issued documentation (ID card, driver's license, birth certificate, passport, etc.)
7. Submit this form in person with photo ID or, if submitting through email, make sure to send with all attached documentation from your official My Chemeketa email address.

The college will use student social security numbers (SSN) for keeping records, complying with federal and state requirements, doing research, reporting, extending credit and collecting debts. You may be required to provide your SSN to the college for compliance with specific federal and state regulations such as applying for financial aid, loans, grant programs and tax reporting requirements. Providing your SSN means that you consent to the use of the number in the manner described. Your SSN will not be given to the general public. You will be issued a Chemeketa student identification (ID) number (K#) to be used as your primary ID. Please note that per OAR 589-004-0400, if you choose not to provide your SSN, you will not be denied any rights as a student.

Note: CURRENT CHEMEKETA EMPLOYEES MUST CHANGE INFORMATION THROUGH HUMAN RESOURCES

Student ID (K#) or Social Security Number:

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Date of Birth:

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Current Name in System: _____

Last,

First,

Middle

Street,

City,

State,

Zip

Cell Phone (with area code): _____

Email: _____

Show Below How You Wish Our Records To Read

ONLY FILL OUT NEW INFORMATION TO BE UPDATED

Corrected Social Security Number (if applicable):

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Corrected Date of Birth (if applicable):

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NEW Name (if applicable):

Last

First

Middle

Signature: _____

Office Use Only

Type of Change: Name SSN Date of Birth

Processed By (Full Name in Print): _____ Date: _____ Campus: _____