

Student Change of Information

1. Fill out top portion completely and the below portion as needed—sign at the bottom. Please indicate **what change is being requested**. Do not fill out any unnecessary information.
2. If you have an updated or corrected social security number, please provide our office your signed social security card and photo ID.
3. If you have a new name, please provide legal documentation of the change, such as state issued ID (ID card, driver's license, or passport), court documentation or marriage certificate.
4. 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.)
5. 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.
6. Please note: this will not change your user ID or email address, only the name associated with that email in your google profile.

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

I AM REQUESTING TO CHANGE: Address/Email/Phone Name Date of Birth SSN
 (CHECK ALL THAT APPLY)

Student ID (K#) or Social Security Number:

Today's Date:

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Current Name in System: _____
Last, First, Middle

Address: _____
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):

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 Other: _____

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