

**STUDENT CHANGE OF INFORMATION FORM**

California State University, Chico  
Student Records and Registration  
Chico, CA 95929-0720  
Phone: (530) 898-5142  
Fax: (530) 898-4359

Name: \_\_\_\_\_ Chico State ID: \_\_\_\_\_  
Last First Middle (Maiden)  
(Name currently on CSU, Chico record)

Currently Enrolled \_\_\_\_\_ Last Enrolled \_\_\_\_\_  
Semester Year Semester Year

**STUDENT SIGNATURE REQUIRED**

\_\_\_\_\_ Date

**Mark and complete only the section(s) which require corrections.**

**PERSONAL INFORMATION**

**Name**  
 CSU, Chico will use your legal name. If you are a current CSU, Chico employee (AS or Foundation **not** included) you may also need to change your name in Human Resources, KNDL 222.  
**Please provide a copy of one of the following: Driver's License, Identification Card, Social Security Card, or Court Documentation**

Correct Name \_\_\_\_\_  
 Last First Middle (Maiden)

|                 |                             |                                 |                             |                              |
|-----------------|-----------------------------|---------------------------------|-----------------------------|------------------------------|
| Office Use Only | PS <input type="checkbox"/> | Record <input type="checkbox"/> | IN <input type="checkbox"/> | Com <input type="checkbox"/> |
|-----------------|-----------------------------|---------------------------------|-----------------------------|------------------------------|

**Social Security Number**  
 If you are a current CSU, Chico employee (AS or Foundation **not** included) you will need to change your SSN in Human Resources, KNDL 222. We cannot process your request.  
**Please provide a copy of your Social Security Card.**

SSN on record \_\_\_\_\_ -- \_\_\_\_\_ --  
 Correct SSN \_\_\_\_\_ -- \_\_\_\_\_ --

|                 |                             |                                 |                             |                              |
|-----------------|-----------------------------|---------------------------------|-----------------------------|------------------------------|
| Office Use Only | PS <input type="checkbox"/> | Record <input type="checkbox"/> | IN <input type="checkbox"/> | Com <input type="checkbox"/> |
|-----------------|-----------------------------|---------------------------------|-----------------------------|------------------------------|

**Demographic Information** **Mark and complete only the section(s) which require correction.**

Date of Birth \_\_\_\_\_  
 Month Day Year  
**Please provide a copy of one of the following: Driver's License, Identification Card, or Birth Certificate**

Gender (Circle One): Male Female  
**Please provide a copy of your Driver's License or Identification Card**

|                 |                             |                                 |                             |                              |
|-----------------|-----------------------------|---------------------------------|-----------------------------|------------------------------|
| Office Use Only | PS <input type="checkbox"/> | Record <input type="checkbox"/> | IN <input type="checkbox"/> | Com <input type="checkbox"/> |
|-----------------|-----------------------------|---------------------------------|-----------------------------|------------------------------|

Please return this form to the **Student Records and Registration Office (SSC 110)**  
If you are a current CSU, Chico employee (AS & Foundation **not** included) you may also need to change your information in Human Resources, KNDL 222.

