

**CLARION
UNIVERSITY**

Change of Student Information Form

After completion, this form may be mailed to Clarion University, Registrar's Office, 840 Wood Street, Clarion, PA 16214 with the appropriate documentation. You may also present original documents in person. We will photocopy the original document for our files. If you have any questions, please contact us at (814) 393-2229 or at registrar@clarion.edu.

Clarion ID Number: _____ or SSN: _____

Print CURRENT NAME on file:

Last: _____ First: _____ Middle: _____

Name Change:

Print NEW AUTHORIZED NAME:

Last: _____ First: _____ Middle: _____

My name has been changed for the following reason: (check all that apply)

_____ Passport

_____ Adoption

_____ Marriage

_____ Court Order

_____ Divorce

_____ Correction

Effective date of change: _____

A CERTIFIED COPY OF ANY LEGAL DOCUMENT AUTHORIZING A NAME CHANGE MUST ACCOMPANY THIS FORM. (Examples: marriage certificate, court order, social security card)

Social Security

Number Change:

Incorrect social security number: _____ - _____ - _____

Bring original Social Security card to 122 Carrier Hall. We will photocopy the original document for our files. Correct social security number: _____ - _____ - _____

SIGNATURE

Student Signature: _____ Date: _____

-----Registrar's Office Use Only-----

Proof Verified by: _____ Date: _____