



OFFICE OF THE REGISTRAR

AUTHORIZATION OF CHANGE OF BIOGRAPHIC DATA

Submit this completed form to the Registrar's Office with the required documents attached.

Student ID: _____

Name: _____

(If requesting a legal name change, please print former name)

Change of Personal Email Address:

This DOES NOT change your Lander Email Address

New Email Address: _____

Change of Name (please indicate one):

_____ Current listing of your legal name is incorrect

(Must have original, unexpired state or federal picture ID or original birth certificate showing correct name)

_____ Marriage

(Must have original copy of marriage license with raised seal. Also need original, unexpired state or federal picture ID showing married name)

_____ Name change approved through a court order

(Must have the original legal document issued by the court. Also need original, unexpired state or federal picture ID OR Social Security Card showing new name)

Former Name (Please Print):

First

Middle

Last

Current Name (Please Print):

First

Middle

Last

Correction of Social Security Number:

Must present original Social Security Card

SSN: ____ - ____ - _____

Correction of Birthdate:

Must present original, unexpired state or federal ID or original birth certificate

Birthdate: ____ / ____ / _____

Student Signature: _____ Date: _____