

Personal Data Change Request Form

Office of the Registrar, CSU East Bay

Name _____ Net ID _____

Address _____ City _____ State _____ Zip _____

Telephone Number (day) _____ Horizon Email Address _____

Are you a current and/or former CSU East Bay Employee? (Including Federal Work Study Student, Student Assistant, Teacher Aid, Staff, and Faculty).

YES – PLEASE STOP! You must visit the Payroll Office, Student Administration Building, to change your personal information.

NO - Complete this form with your signature and a copy of your legal documentation to the Enrollment Information Center in the Student Administration Building at the Hayward Campus, the Concord Campus Lobby; mail to CSUEB, Office of the Registrar, 25800 Carlos Bee Boulevard, Hayward, CA 94542; or fax to 510-885-3816.

Complete the appropriate areas below that apply to you.

NAME CHANGE. Required for Name Change:

- Attach a current copy of legal documentation, such as a marriage license, driver's license, or passport which cites the new information which you would like to appear on your official academic record.
- Name changes will be made to your university record, your diploma, and the commencement program upon graduation.
- Once you verify that your name change has been processed please contact the Service Desk to change your Horizon E-Mail address at <http://www.csueastbay.edu/servicedesk>

Print Current Name: Name as it appears now on your University record.

LAST _____ FIRST _____ M _____

Print New Name: Name as it will appear on your University record.

LAST _____ FIRST _____ M _____

DATE OF BIRTH CHANGE From _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

Required for Date of Birth Change:

- Attach a current copy of drivers' license, passport or birth certificate

SSN CHANGE From: _____ To: _____

Required for ID Number or SSN Change:

- Attach a current copy of legal documentation, such as a copy of a social security card or social insurance card which cites the new information which you would like to appear on your official academic record.

To process your request to change SSN, please select one:

- I am a first-time applicant and plan on enrolling for the _____ Term 20_____.
- I am a former student applying for re-admission. My former ID is listed above.
I understand that my current University application is an acceptable document for an SSN change.
- I am/was a student enrolled in Open University or Extension.

Required: My signature below confirms I am requesting the above change to my official academic record at CSU East Bay.

Student's Signature _____ Date _____

OFFICE OF THE REGISTRAR

Request processed by: _____ Date _____