

This form cannot be used by current or former CSUEB employees.

**Instructions:**

1. Non-CSUEB employees should complete form, indicating type of change requested (DOB, SSN, or Name Change).
2. Submit completed/signed form with a copy of legal documentation in one of the following ways: In person to Enrollment Information Center in the SA Bldg (Hayward) or the Academic Services Lobby (Concord); Fax to the Office of the Registrar at 510.885.3816, or Email to [reg@csueastbay.edu](mailto:reg@csueastbay.edu)

Student Name: \_\_\_\_\_ Net ID: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Horizon E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you a Current or former CSUEB Employee? This includes Federal Work Study Student, Student Assistant, Teacher Aid, Staff, and Faculty.

- YES – PLEASE STOP!** You must visit the Payroll Office to change your personal information.
- NO** - Please complete form and submit to the Office of the Registrar per instructions above.

 **NAME CHANGE**

- **Required:** 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, diploma, and the commencement program upon graduation.

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

\_\_\_\_\_  
Last First Middle

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

\_\_\_\_\_  
Last First Middle **DATE OF BIRTH CHANGE** From \_\_\_\_\_ (mm/dd/yyyy) To: \_\_\_\_\_ (mm/dd/yyyy)

- **Required:** Must attach a current copy of drivers' license, passport, or birth certificate for verification.

 **SSN CHANGE** From: \_\_\_\_\_ To: \_\_\_\_\_

- **Required:** Must 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 CSUEB.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**  Not Approved  Approved Processed by: \_\_\_\_\_ Date: \_\_\_\_\_