CHICAGO STATE UNIVERSITY

DATE OF BIRTH / SOCIAL SECURITY CHANGE FORM

Note: Employees must change this information at Human Resources

Office of the Registrar | Cook Administration 128 | Phone: 773.995.2517 | Fax 773.995.3618 | Email: registrar@csu.edu

STUDENT'S NAME (please print): _____

STUDENT'S UID # : _____

Which of the following are you updating?

☐ Social Security Number (SSN)   † Please provide signed SSN Card and a valid picture ID

_____   _____
(Old Number in System - if any)   (Correct Number)

☐ Date of Birth   † Please provide Birth Certificate or Passport & valid picture ID

_____   _____
(Date of Birth in System)   (Correct Date of Birth)

Student's Signature : _____

*Signature required – request will not be processed if omitted.

Submit to: Registrar's Office | Cook Administration Building Room 128
Chicago State University
9501 South King Drive
Chicago, IL 60628

OFFICE USE ONLY
Stamp Date Received

ID Provided:

☐ Signed Social Security Card   ☐ Birth Certificate   ☐ Driver's License or Passport

_____   _____
Staff Initial   Date Received