## Bridgewater State University STUDENT Personal Information Change Form

## RETURN FORM WITH ORIGINAL SIGNATURE TO:

Registrar's Office, Boyden Hall, Room 003, Bridgewater, MA 02325 NOTE: If you are (or were) a student employee you must complete a change request form in the Human Resources Department. Name:\_\_\_\_\_ Banner ID: \_\_\_\_\_ or Last 4 digits of SSN: \_\_\_\_\_\_ I certify that I am the above-named person and all information on this form is correct as stated. SIGNATURE: \_\_\_\_\_ Day Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_ SOCIAL SECURITY NUMBER CHANGE -Complete this section <u>only</u> if you are changing/correcting your **Social Security Number**. Copy of Social Security Number Card must be attached. New/Correct Social Security No: - -DATE OF BIRTH CORRECTION - Complete this section only if you are correcting your Date of Birth. If this date is contrary to other records on file, a Copy of Birth Certificate will also be required. FOR OFFICE USE ONLY Processed by: \_\_\_\_\_ Date Processed:\_\_\_\_