



STUDENT DATA CHANGE FORM

Current Information

Date _____ / _____ / _____

Name _____
Last *First* *MI*

FIT ID Number (or Social Security Number) _____

A copy of official name change on court documents, passport or your social security card must be attached in order to make the change requested to the item(s) checked below.

NO CHANGES WILL BE MADE WITHOUT PROPER DOCUMENTATION.



Social Security Number Change

Faculty and staff must contact Human Resources before attempting to make a social security number change.

Old or Incorrect Number _____ - _____ - _____

New or Correct Number _____ - _____ - _____



Name Change

Old Name _____
Last *First* *MI*

Please note: You must be currently enrolled to make changes to your name.

New Name _____
Last *First* *MI*

Office Use Only

Date Completed _____ / _____ / _____

Staff Initials _____