

INSTRUCTIONS

1. All requests require the student's signature and photo identification. Some requests require additional documentation (See Required Documentation.)
2. Complete this form and submit it with the required documentation
 - a. Email to: registrar@suu.edu; OR
 - b. Fax to: (435) 865-8470; OR
 - c. Mail to: Southern Utah University,
Registrar's Office
351 W. University Blvd.
Cedar City, UT 84720
3. Please note: Individuals who are currently or previously employed by the University must request these changes through Human Resources.
4. Required Documentation:
 - a. Name – Government photo identification **OR** Social Security Card
 - b. Date of Birth – Government photo identification **OR** Birth certificate
 - c. Social Security Number – Social Security Card
 - d. Gender Marker – Government Photo Identification **OR** court documents
5. If submitted via fax, **MUST** be accompanied by a readable photo ID. If submitted as an email attachment, **MUST** be submitted using an address associated with the student record in our student information system (BANNER).

Office Stamp

STUDENT INFORMATION:

Name: _____ T-Number: _____
Last First MI (or SSN if you do not know your Student ID#)

Student Signature: _____ Date: _____

REQUESTED RECORD CHANGES – Please check all that apply

| | | | |
|--------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Name | <small>Last Name</small> | <small>First Name</small> | <small>Middle Name (or Initial)</small> |
| <input type="checkbox"/> Address | <small>Street</small> | | |
| <input type="checkbox"/> Mailing | | | |
| <input type="checkbox"/> Permanent | <small>City</small> | <small>State</small> | <small>Zip</small> |
| <input type="checkbox"/> Billing | | | |
| | <u>CURRENT</u> | <u>REQUESTED</u> | |
| <input type="checkbox"/> Date of Birth | | | |
| <input type="checkbox"/> Email | | | |
| <input type="checkbox"/> Phone | | | |
| <input type="checkbox"/> Social Security Number | | | |
| <input type="checkbox"/> Gender Marker | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | |