

REQUIRED STUDENT INFORMATION CLEARLY PRINT ONLY INFORMATION TO BE TRANSMITTED TO THE UNIVERSITY OF TOLEDO

New Legal Name: _____

Previous Legal Name: _____

Birth Date: _____

Reason for Change: .Misspelled .Marriage .Legal ..Divorce ..Other: _____

SOCIAL SECURITY NUMBER CHANGE Note: Copy of your social security card MUST be submitted with form to correct or provide

Social Security Number: _____

ADDRESS CHANGE DOMESTIC ADDRESSES CAN BE UPDATED ONLINE/IA CAMPUS NET

Check Address Type ...Home ...Mailing ..Other: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

City: _____ State: _____ •] % W z z z z z z z z z z

County (if Ohio) or Country: _____

Other Information: _____

Phone Type: Mobile Home Other: _____ Phone #: _____

Signature (Required): _____ Date: _____