

CALIFORNIA STATE UNIVERSITY, MONTEREY BAY
CAMPUS SERVICE CENTER
STUDENT SERVICES BUILDING 47
100 CAMPUS CENTER • SEASIDE, CA 93955
PHONE (831) 582-5100 • FAX (831) 582-5110

Instructions:

- 1. Use this form to correct you name, social security number, date of birth, gender, or address. For any corrections other than an address change, **legal supporting documentation will be required**, i.e. court document, current Driver's License or State ID, Social Security Card, Passport, etc.
- 2. Complete all parts of form and attach supporting documentation to confirm change requested.
- 3. Submit Social Security Number corrections in person, via mail, or fax to the Campus Service Center at the address or fax number above. **Do not submit SSN corrections via email.**
- 4. Submit all other change requests to Campus Service Center in person, via mail, or from your official CSUMB email address to onestop@csumb.edu. Copies of supporting documentation received in any other form besides in person must include a copy of your photo ID.

Part 1: Student Information				
STUDENT ID:	FIRST NAME	Ξ:	LAST NAME:	
PHONE NUMBER:	E-MAIL ADDRESS:			
Have you ever been emplo If you have ever been previously em fill out an additional form for the p	ployed by the Universit		Yes	□ No ontact the Campus Service Center to
2. Which best describes your	student status?	Applicant/Admit	tted Current Stud	ent Former Student
Part 2: Personal Informati	on Change Rec	quest		
Name Change CSUMB uses your legal name.				
Last	ast First		Middle	
Social Security Number	er			
Correct Social Security Number				
Date of Birth		L G	ender	
Correct Date of Birth Correct Gender (Male or Female)				
Address (Please check o	ne or both):	Perma	anent Stu	ident Mailing
Street City			State Zip Code	
Part 3: Student Signature				
Student Signature:			_ Date	e:
OFFICE USE ONLY				
Received by:		Date:	Forwarded to:	
Processed by:			Date:	