POLK STATE
Academic &
Student Services

999 Avenue H Northeast
Winter Haven, Florida 33881-4299
(863) 297-1000

Vital Statistics Change Form

Date _____

Name (please print) _____ Student ID Number _____

Please Change My:

[ ] Name [ ] Social Security Number [ ] Change of FERPA Disclosure Status

[ ] U.S. Citizenship [ ] Date of Birth [ ] International Student to Resident Immigrant Alien

[ ] Resident Immigrant Alien Number _____[[ ] Other (specify)_____

Old Information (Only if name and/or Social Security number has changed):

Student ID Number _____ Social Security #_____

Name (last/first/middle/former name) _____

New Information:

Complete all that apply.

Student ID Number _____ Social Security #_____ Date of Birth_____

Name (last/first/middle/maiden) _____

Address _____
Street Apt# City State Zip

Phone number _____ Cell phone number _____

Other_____

FERPA Change of Status Statement

I release Polk State College from my FERPA non-disclosure election effective immediately. I understand that I cannot hold the college liable for any consequences resulting from the release of directory information. Initial_____

Certification

I am requesting Polk State College to make the above changes to my student records. I understand that providing false information to Polk State College may result in disciplinary action and possible legal action.

_____ _____ _____
Printed Name Signature Date

For Polk State College Use Only

Original term of entrance/re-admittance_____ Employee signature _____ Date _____

Documentation provided: _____