

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: _____