

Vital Statistics Change Form

Date _____
Name (please print) _____ Student ID Number _____

Please Change My:

Name Social Security Number Change of FERPA Disclosure Status
 Date of Birth Other (specify) _____

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

Student ID Number _____ Social Security # _____ Don't Know
Name (last/first/middle/former name) _____

New Information:

Complete all that apply. Note: You must provide your social security card and a valid picture ID for a SS# number change/addition. A court document or valid picture ID such as a Driver's License showing verification of correct name is required for name changes or date of birth.

Student ID Number _____ Social Security # _____ Date of Birth _____
Name (last/first/middle/maiden) _____
Address _____
Street Apt# City State Zip
Phone number _____ Cell phone number _____

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: _____