



# Undergraduate Student Information Update Form

## ADMISSIONS OFFICE

Florida Agricultural and Mechanical University  
 444 Gamble Street, Lucy Moten, Suite 203  
 Tallahassee FL 32307-3200  
 Phone: 850 • 599 • 3796 Fax: 850 • 412 • 6604  
 Email: admissionsdocs@fam.u.edu

This form is for new undergraduate admission applicants who have not enrolled at FAMU. **Note: If you are a currently enrolled student contact the Registrar's Office to update your information.**

**PLEASE TYPE OR PRINT if submitting hard copy. (Must be completed no matter which change you are executing.)**

Name of Student:	_____	FAMU Student ID:	_____
Email Address:	_____	Telephone Number:	_____

### CHANGE OF NAME ON APPLICATION

A copy of the legal documentation is required. Please choose the item that verifies your change of name:

- Birth Certificate  
  Court Order  
  Driver's License/State Identification Card  
  Marriage Certificate  
  Other: \_\_\_\_\_

_____	_____
Former Name	New Name

### CHANGE OF SOCIAL SECURITY NUMBER (A copy of the social security card is required.)

I, \_\_\_\_\_ Student Name hereby request that my

_____ - _____ - _____	be changed to	_____ - _____ - _____
Incorrect Social Security Number		Correct Social Security Number

### CHANGE OF DATE OF BIRTH ON APPLICATION

A copy of the legal documentation is required. Please choose the item that verifies your change of date of birth:

- Birth Certificate  
  Driver's License/State Identification Card

_____	_____
Incorrect Date of Birth	Correct Date of Birth

### CHANGE OF GENDER ON APPLICATION

A copy of the legal documentation is required. Please choose the item that verifies your change of gender:

- Birth Certificate  
  Court Order  
  Driver's License/State Identification Card

_____	_____
Incorrect Gender	Correct Gender

**CHANGE OF ADDRESS**

_____	_____	_____	_____	_____
Address	City	State	Zip	County

**CHANGE OF EMAIL ADDRESS**

_____	_____
Incorrect Email Address	Correct Email Address

I certify the above completed section is truthful and accurate.

\_\_\_\_\_

Signature of Applicant (in Ink)

\_\_\_\_\_

Date of Submission

**FOR OFFICE USE ONLY**

_____	_____
Processed By	Date Processed