

Undergraduate Student Information Update Form ADMISSIONS AND RECRUITMENT OFFICE

Florida Agricultural and Mechanical University 1735 Wahnish Way, CASS Building, Suite 207 Tallahassee FL 32310 Phone: 850 • 599 • 3796 Fax: 850 • 412 • 6604

Email: admissionsdocs@famu.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 i	f submitting hard co	py. (Must be complete	ed 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 Id	dentification Card 🔲	Marriage Certificate Other:					
	Forme	Name		New Name					
CHANGE OF	SOCIAL SEC	JRITY NUMBER (A (copy of the social s	security card is required.)					
I, hereby request that my Student Name									
Stude	ent Name								
				_					
			be changed to						
Inco	rrect Social Secu	rity Number		Correct Social Security Number					
CHANGE OF I	DATE OF BIR	TH ON APPLICATIO)N						
A copy of the lega	I documentation	is required. Please choos	se the item that verifies y	your change of date of birth:					
□Birth Certificate □Driver's License/State Identification Card									
	Incorrect D	ate 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 Io	dentification Card						
	Incorrec	t Gender		Correct Gender					

CHANGE OF ADDRESS									
Address	City	State	Zip	County					
CHANGE OF EMAIL ADDRESS									
CHANGE OF EMAIL ADDRESS									
Incorrect Email Address	Correct Email Address								
I certify the above completed section is truthful and accurate.									
Signature of Applicant		Date of Submission							
FOR OFFICE USE ONLY									
			D. (D.)						
Processed By		Date Processed							