

## ADMISSIONS AND RECORDS OFFICE STUDENT UPDATE FORM

Please Print - Use **Black or Blue Ink Only** (Do not use pencil)

Chaffey ID # \_\_\_\_\_ Social Security # \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First MI

### SOCIAL SECURITY NUMBER, NAME and/or DATE OF BIRTH CHANGE

(Must present Social Security card **ALONG WITH** CA driver's license, marriage certificate, birth certificate, or other government issued I.D.)

PLEASE CHANGE MY **SOCIAL SECURITY NUMBER** AS FOLLOWS:

Incorrect Number \_\_\_\_\_ Correct Number \_\_\_\_\_

PLEASE CHANGE MY **NAME** AS FOLLOWS:

Previous Name \_\_\_\_\_  
Last First MI

Current Name \_\_\_\_\_  
Last First MI

PLEASE CORRECT MY **DATE OF BIRTH** AS FOLLOWS (MM/DD/YY): Wrong DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Correct DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

### PRINCIPLE EDUCATIONAL GOAL

PLEASE CHANGE MY **PRINCIPLE EDUCATIONAL GOAL** TO: (Check applicable box)

- |   |   |   |  |
|---|---|---|--|
| A | <input type="checkbox"/> Obtain Bachelor's degree after completing Associate degree | H | <input type="checkbox"/> Advance in current job/career (update job skills) |
| B | <input type="checkbox"/> Obtain Bachelor's without completing Associate degree      | I | <input type="checkbox"/> Maintain certificate or license (e.g. Nursing)    |
| C | <input type="checkbox"/> Obtain two-year Associate degree without transfer          | J | <input type="checkbox"/> Educational development (intellectual, cultural)  |
| D | <input type="checkbox"/> Obtain two-year vocational degree without transfer         | K | <input type="checkbox"/> Improve basic skills in English, reading, or math |
| E | <input type="checkbox"/> Earn vocational certificate without transfer               | L | <input type="checkbox"/> Complete credits for high school diploma/GED      |
| F | <input type="checkbox"/> Discover/formulate career interests, plans, goals          | M | <input type="checkbox"/> Undecided goal                                    |
| G | <input type="checkbox"/> Prepare for new career (acquire job skills)                |   |  |

**OTHER MISCELLANEOUS CHANGES** (Please describe):

**I DO NOT WANT MY DIRECTORY INFORMATION RELEASED TO ANYONE.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### OFFICE USE ONLY

REQUEST SOCIAL SECURITY CARD FOR ALL NAME AND SOCIAL SECURITY NUMBER CHANGES. ATTACH COPY OF SSN CARD AND I.D. CARD TO FORM.

Processed by/Date: \_\_\_\_\_

**CHANGES COMPLETED** (Mark all that apply):

Social Security Number Change  Name Change  Date of Birth Change  Principle Educational Goal Change  FERPA Block  Other Misc. Change

**FOR NAME & DOB CHANGES-ONLY**

Name Change – Update User ID on DRUS  Date of Birth Change – Update field on PPIN and DRUS