



Admissions & Records Office
STUDENT UPDATE FORM

Enter your new legal name and Chaffey ID:

Name _____ Chaffey ID _____
Last First MI

Check appropriate box(es) and complete ONLY information to be updated:

Former Legal Name*: _____
Last First MI

New Legal Name*: _____
Last First MI

Chosen First Name: _____

Date of Birth* (MM-DD-YYYY): Incorrect _____ Correct _____

Social Security Number*: Incorrect _____ Correct _____

Address: _____
Street Number and Name Apt/Spc#

_____ City State Zip

Phone: (_____) _____

Program of Study: _____
Major Code Major

Educational Goal: _____

Other: _____

I DO NOT WANT MY DIRECTORY INFORMATION RELEASED TO ANYONE.

*Legal documentation required to change Legal Name, Date of Birth, and/or Social Security Number.

Student Signature: _____ Date: _____

OFFICE USE ONLY

Social Security Card is required for all Name and Social Security Number changes. Attach copies of Photo ID and SS card to form. Forward copy of form to Director/Coordinator for SARS update.

Processed by/Date: _____ SARS Updated/Date: _____