

NOTE: FORM WILL NOT BE PROCESSED UNTIL SECTIONS 4 & 5 HAVE BEEN COMPLETED BY A NORTHWOOD TECH STAFF MEMBER

SECTION 1: Student Information:	
Student Name:	Effective Date of Change://
Date of Birth:/ Student ID:	
Previous Address:Ci	ty/State/Zip Code:
Current Address:Curr	ent City/State/Zip Code:
Current Phone Number:	Type (Please Select): Mobile
Social Security Number to be added to my record:	
No documentation is required for a phone or address update. Verifying student identify will still be required prior to any student biographical changes (which may be included on this form).	
Student Signature or Northwood Tech Staff Member that Authenticated Student	ID Date
SECTION 2: Name Change: To complete a legal name change, you must present acceptable documentation of official recognition and usage of the new name. No documentation is necessary for a chosen name. Previous Legal Name: New Legal Name:	
Previous Legal Name: New Legal Name:	
Name: New Chosen Name:	
Upon making the request, it is agreed upon by the student that the chosen name was not created with the intent to impersonate someone else, deceive, or defraud. A chosen name may be denied if it includes hate speech or inappropriate language. Students utilizing a chosen name should be prepared to reference their legal name as well as provide identification when necessary.	
SECTION 3: <u>Social Security Number correction</u> : To have your social security number corrected in our system, you must present your Social Security card.	
Previous SSN: New SSN:	
Staff Use Only	
SECTION 4: (Circle Option Used to Verify Student Identity)	SECTION 5: (Complete All Applicable Sections)
Option One: "One" Form of Photo ID • Student ID	Document provided to verify Sections 2 & 3:
Driver's LicensePassport	
DMV Authorized ID Card Option Two: Or "Two" of the following may be used in place of a photo ID	
Social Security Card Birth Certificate	Email Change Requested From Help Desk:/
Utility Bill	
Option Three: OR "Three" of the following presented verbally or in writing • Student ID Number	Staff Signature:
 Last 4 Digits of Social Security Number Month and Day of Birth 	
Address on File	Date Request Completed://