



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: _____ City/State/Zip Code: _____

Current Address: _____ Current City/State/Zip Code: _____

Current Phone Number: _____ Type (Please Select): _____

Social Security Number to be added to my record: _____

No documentation is required for a phone or address update. Verifying student identity 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: _____

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: Social Security Number correction: 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)

Option One: "One" Form of Photo ID

- Student ID
- Driver's License
- Passport
- 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
- Utility Bill

Option Three: OR "Three" of the following presented verbally or in writing

- Student ID Number
- Last 4 Digits of Social Security Number
- Month and Day of Birth
- Address on File

SECTION 5: (Complete All Applicable Sections)

Document provided to verify Sections 2 & 3: _____

Email Change Requested From Help Desk: ____/____/____

Staff Signature: _____

Date Request Completed: ____/____/____