



Florida State College at Jacksonville
Student Record Change Form

Student Name: _____ I.D. Number (SSN): _____

Please print clearly to update the sections that apply. Student signature in Section IV is required.

Section I: Name Change (Please attach proof: Copy of Marriage/Divorce/Court Order/Driver's License)

Change Name from: _____ to: _____

- C Court Order
D Divorce
E Student Preference
I Misspelled
M Marriage
O Other (Please Explain)
P Program Error
R Request with Documentation
S Sex Reassignment

Section II: Student I.D. Number Change (SSN) (Please attach copy of Social Security Card)

Change number:

From: _____ - _____ - _____ To: _____ - _____ - _____

- C Court Order
D From Default # to SSN
I Data input error
M Military Partial Student ID
O Other (Please Explain)
R From SSN TO Default #
S Social Security Admin Reassigned

Section III: Change Mailing Address / Contact Phone Number

Old Address: _____
Street - Number and Name Apt # City State Zip

New Address: _____
Street - Number and Name Apt # City State Zip

Home Phone: ____ (____) _____ Work Phone: ____ (____) _____

Section IV: Student Signature (required)

Signature: _____ Date: _____

Processed By: _____ Campus Representative _____ Campus ID _____ Date Processed _____