

OFFICE OF ACADEMIC RECORDS

CHANGE OF PERSONAL INFORMATION

Date				
Please print current nar	ne			
	Last	First		Middle
NUID		Current Phone	e Number or Emai	l
a full-time, part-time Please note: If you have Resources AND the Offic	or temporary employee, G been employed within the NU S be of Academic Records to ensu	Graduate Assistant, 1 ystem as Staff, please pr re records are properly u	eaching Assistant, s esent a Social Security C pdated.	_
SELECT C	CHANGES BELOW AND	ATTACH COPIES O	F REQUIRED DOCI	JMENIATION
	First: NTATION REQUIRED: Valid Driver's Li			Suffix:
		icense, Marriage License, Cou		ard – dir in new hamej
Change my date of	birth to:		(DOCU	MENTATION REQUIRED: Birth certificate)
Change my Social	Security Number		(DOCUME	NTATION REQUIRED: Social Security Card)
Change my Social S	Security Number to an I	TIN (Individual Taxpayer	Identification Number)	
			, ENTATION REQUIRED: ITIN (
_		_		
Change my Legal S		Male		
(DOCUMENTATION REQUIRI	D: Valid Driver's License or Passport,	Court Order, Copy of Certific	ation of Sex Reassignment D	MV form, or Birth Certificate - with new legal sex
I certify that the above ch above. I hereby authorize permanent records at the	that my information abov	ve be changed on all		tation of the correction(s) uent entries to my
Student Signature		[Date	
-	MUST ATTACH A COPY O	F YOUR LEGAL DOC	UMENTATION TO T	HIS FORM.
This paperwork can be	scanned and emailed to: a	academicrecords@u	<u>nmc.edu</u> , mailed, fa	xed, or hand delivered to the
	emic Records Office during	g office hours (Mond	lay-Friday 8am to 4:	
		NMC-Academic Record		
		is Science Hall-Room 2 30 Nebraska Medical C		

Omaha, NE 68198-4230