

# **SOCIAL SECURITY NUMBER CHANGE FORM**

Office of Records, Registration and Evaluations ♦ University Hall 171 ♦ 909-537-5200

(Please Print Clearly)

Current Name On CSUSB Records: \_\_\_\_\_  
Last First Middle

**Current** Social Security Number or Student Identification Number on records: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please change** my student records to reflect my Social Security Number as: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Present new SSN card as supporting documentation for this change.)

DO YOU HAVE A GRADUATION CHECK ON FILE? YES \_\_\_ NO \_\_\_ TERM & YEAR \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Submit this form to the Records office. Please allow a minimum of two weeks for processing.***

### **For Office Use Only**

Recorded by: \_\_\_\_\_ Date: \_\_\_\_\_ Distribution: White: Records Yellow: Financial Aid Pink: Evaluations  
SSNChg/0608bl