

**FSCJ STUDENT ID #** \_\_\_\_\_ **NAME** \_\_\_\_\_

**ARE YOU AN EMPLOYEE**  YES  NO

**LEGAL NAME CHANGE:** Photo ID and documentation **must** be provided for a legal name change.  
Acceptable documentation includes: divorce papers showing legal name, driver's license, court order, Social Security card, state ID or passport.

**NEW LEGAL NAME** \_\_\_\_\_  
LAST FIRST MIDDLE

**PREFERRED FIRST NAME CHANGE:** No documentation is required.

**PREFERRED FIRST NAME** \_\_\_\_\_

**SOCIAL SECURITY NUMBER CORRECTION:** Photo ID and a valid Social Security card with your new number **must** be provided.

**OLD SOCIAL SECURITY NUMBER** \_\_\_\_\_

**NEW SOCIAL SECURITY NUMBER** \_\_\_\_\_

**DATE OF BIRTH CORRECTION:** Documentation and photo ID **must** be provided. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

**GENDER CORRECTION/UPDATE:** Photo ID and documentation **must** be provided (e.g. driver's license, state ID, court order, etc.)

**FEMALE**  **MALE**  **UNDISCLOSED**

**ADDRESS CHANGE:** Photo ID **must** be provided.

**MAILING ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP CODE** \_\_\_\_\_

**COUNTY** \_\_\_\_\_

**TELEPHONE NUMBER CHANGE:** Photo ID **must** be provided.

**HOME** \_\_\_\_\_ **CELL** \_\_\_\_\_

**NEW PERSONAL EMAIL ADDRESS:** Photo ID **must** be provided.

\_\_\_\_\_

**STUDENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_

In compliance with Florida State Statute 119.071(5), students should be aware that Florida State College at Jacksonville collects and uses SSNs if specifically required by law to do so or if necessary for the performance of the College's duties and responsibilities. The College takes appropriate measures to secure SSNs from unauthorized access and does not release SSNs to other parties except as required to fulfill the College's duties and responsibilities.