California State University, Los Angeles Records Office

BIO/DEMO CHANGE INSTRUCTIONS

BIOGRAPHICAL/DEMOGRAPHICAL CHANGE REQUEST DOCUMENTATION:

The Records Office requires specific documentation before a Name/SSN/DOB change can be processed. Individuals requesting a change to personal information are required to submit government-issued documentation that supports their request. The following documents are needed to support a corresponding requested change:

① Cal :	tate LA ID, or print out of university correspondence with Campus Identification Number.		
2 ORI	iINAL valid government-issued photo identification card: <i>Driver's License, state ID card, military ID, passport</i>		
AND ③			
	NAME CHANGE/CORRECTION Acceptable documents for name CHANGE include - Document must state old and new name: Marriage License, Divorce Decree, Alien Registration Card, Court Order showing legal name change, or Naturalization Certificate. Acceptable documents for name CORRECTION include: Adoption/Birth Certificate, passport, driver's license and/or social security card may be required.		
	 SOCIAL SECURITY NUMBER (SSN) CHANGE An ORIGINAL signed Social Security Card - The name on the Social Security card must match the name on your student records (if different, you must also complete the Name Change/Correction portion of this form): If you do not have an original Social Security Card, you will need to obtain a Social Security Form SSA #2458 [Report of Confidential Social Security Benefit Information] or a stamped computer print-out from the Social Security Administration. 		
	NDIVIDUAL TAX IDENTIFICATION NUMBER (ITIN) CHANGE Acceptable documents include - The name on the document must match the name on your student records: An ORIGINAL signed Individual Tax Identification Card or official IRS issued letter verifying ITIN.		
	DATE OF BIRTH (DOB) CHANGE Acceptable documents include - The name on the document must match the name on your student records: Adoption/Birth Certificate or government issued photo ID/passport.		
	SENDER CHANGE Per California Law, you may select one of the following options as your gender:		
	Female Male Non-Binary		
	OTHER - update other information that appears in GET Self-Service Campus Personal Information page Please specify requested change, and provide supporting official documentation as appropriate.		

SUBMITTING YOUR REQUEST FORM AND DOCUMENTS:

Due to the sensitive nature of these documents, we request that the form and accompanying documents are submitted in person. Please bring the original documents and the completed Bio/Demo Change Form to the Admissions and Records Center, located in SSB, 1st Floor. Change requests should NOT be emailed or faxed.

SUBMITTING YOUR DOCUMENTS BY MAIL (only if you reside beyond a 50-mile radius from Cal State LA):

Please mail in this completed request form along with NOTARIZED photocopies of valid supporting documentation (and, if applicable, original Social Security Form SSA #2458 or stamped computer printout). The complete packet must be mailed to:

California State University, Los Angeles Admissions and Records Center SSB, 1st Floor 5151 State University Drive Los Angeles, CA 90032



BIO/DEMO CHANGE FORM

Please print clearly	
	Birth Date (Month/Day/Year):
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Phone:Email:	
I am a: Current Student New Studen	nt Former Student (last term/yr of attendance:)
	D, an official email from our campus with your CIN), your government issued t be submitted to the Admissions and Records Center, SSB, 1st Floor. Email/fax
NAME CHANGE/CORRECTION (NOTE: For financial aid, name must be exactly as it a	appears on the SSN card, and/or financial aid application.)
Middle:	
Last:	
SOCIAL SECURITY NUMBER (SSN) / Individual Tax (NOTE: Name on SSN/ITIN card must match name or	
Please change my SSN/ITIN to:	<u> </u>
DATE OF BIRTH (DOB) CHANGE	
Please correct my birthdate to: [month]	[day][year]
GENDER CHANGE Per California Law, you may select Female Male	t one of the following options as your gender: Non-Binary
OTHER - change to information in GET Self-Service	ce Campus Personal Information page
Specify change:	
	attached. I understand that false statements or misrepresentation will be reported . Attorney General and may result in expulsion from Cal State LA.
Student Signature:	Date:
If you have tur	rned in an application to graduate from Cal State LA, please check here.
FOR OFFICE USE ONLY:	VERIFIED IN GET:
Is the person currently working on campus?NO	
Attach copies of the following original documentation: Cal State LA ID or university letter stating CIN (if availal Government issued Photo ID (required)	NameSSNCIN
Social Security/ITIN Card (required for SSN/ITIN change Supporting documents for requested change - specify	y:
Staff Name:	Date: