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 State LA ID, or print out of university correspondence with Campus Identification Number.

(2) **ORIGINAL** valid government-issued photo identification card: *Driver's License, state ID card, military ID, passport*

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.*

☐ **INDIVIDUAL 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.*

☐ **GENDER 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

California State University, Los Angeles
Records Office

BIO/DEMO CHANGE FORM

Please print clearly

Campus Identification Number (CIN):_____ Birth Date (Month/Day/Year): _____

Name currently on Cal State LA records: _____

Phone:_____ Email: _____

I am a: ☐ Current Student ☐ New Student ☐ Former Student (last term/yr of attendance:_____)

PLEASE COMPLETE ONLY THE SECTION(S) TO BE UPDATED:

This completed form, a Cal State LA ID (or, if no campus ID, an official email from our campus with your CIN), your government issued photo ID, and valid **ORIGINAL** supporting documents must be submitted to the Admissions and Records Center, SSB, 1st Floor. Email/fax is not accepted. See instructions for valid supporting documentation.

☐ **NAME CHANGE/CORRECTION**
(NOTE: For financial aid, name must be exactly as it appears on the SSN card, and/or financial aid application.)

First:_____

Middle:_____

Last: _____

☐ **SOCIAL SECURITY NUMBER (SSN) / Individual Tax Identification Number (ITIN) CHANGE**
(NOTE: Name on SSN/ITIN card must match name on school records.)

Please change my SSN/ITIN to: _____-_____-_____

☐ **DATE OF BIRTH (DOB) CHANGE**

Please correct my birthdate to: [month]_____[day]_____[year] _____

☐ **GENDER CHANGE** Per California Law, you may select one of the following options as your gender:
◯ Female ◯ Male ◯ Non-Binary

☐ **OTHER - change to information in GET Self-Service Campus Personal Information page**

Specify change: _____

STUDENT CERTIFICATION:

I certify that I am the individual represented in the documents attached. I understand that false statements or misrepresentation will be reported to the Department of Education Inspector General and the U.S. Attorney General and may result in expulsion from Cal State LA.

Student Signature:_____ Date: _____

If you have turned in an application to graduate from Cal State LA, please check here. ☐

FOR OFFICE USE ONLY:

Is the person currently working on campus? ☐ NO ☐ YES, as a: ☐ Student ☐ Staff/Faculty

Attach copies of the following original documentation:

___ Cal State LA ID or university letter stating CIN (if available)
___ Government issued Photo ID (required)
___ Social Security/ITIN Card (required for SSN/ITIN change)
___ Supporting documents for requested change - specify: _____

Staff Name:_____ Date: _____

VERIFIED IN GET:
☐ Email current
☐ Name
☐ SSN
☐ CIN