



Student Change of Information Form

FULL NAME: _____ YSU ID or SSN: _____
(First, Middle, Last)

To request that your academic record be changed:

- Complete only the items you are requesting to change
Provide a valid State or Federal issued photo ID (i.e. driver's license or passport)
Attach legal document(s) supporting the change(s) when necessary

Completed form can be faxed (330-941-1408), mailed, or submitted in person to the Office of Records in Jones Hall room 1013.

I WOULD LIKE TO:

Change my ADDRESS and/or PHONE NUMBER to now appear on record as:

PERMANENT ADDRESS: MAILING ADDRESS: (if different than permanent address)
Street Address Street Address
City, State, Zip Code City, State, Zip Code
Permanent Phone Number

Change my NAME to now appear on record as:

First Name Middle Name/Initial Last Name

One of the following documents must be attached to process change:

- Court Order Birth Certificate Marriage License Divorce Decree

Optional: Preferred name will appear in place of legal name on class rosters. No documentation required.

Preferred First Name

Change my GENDER to now appear on record as: MALE FEMALE

One of the following documents must be attached to process change:

- Court order or birth certificate legalizing the change
Letter of Support from qualified mental health professional
Bureau of Motor Vehicles Declaration of Gender Change
Pre- or- post-operative documentation from qualified health care provider

I affirm that the information provided on this form is complete and true. I hereby authorize Youngstown State University to update the above changes to my record.

Student Signature: _____ Date: _____

For Office Use Only:

- Changed in Banner
Scanned to Banner via BDMS
Documentation Attached:
Copy of valid photo ID
Copy of legal document(s) supporting the change(s) when necessary

Processed by: _____
Date: _____