Cleveland State University
Division of Enrollment Services

Change of Student Information

Please print all information. You must include your signature at the bottom of this page.
Changes will be made within 3 working days unless the beginning or ending of the term.

STUDENT INFORMATION (required)

Name: _____ CSU ID#: _____

NAME / SOCIAL SECURITY NUMBER CHANGE

Name changes must be accompanied by a legal document indicating the correct name. Acceptable legal documents include a marriage license, divorce decree, driver's license or social security card. A copy of your social security card must be presented if you wish to correct your social security number.

New Name: _____

Previous Name: _____

Maiden Name: _____

Reason for Change: _____ Misspelled _____ Marriage _____ Legal _____ Divorce

Correct Social Security Number: _____

EMERGENCY CONTACT INFORMATION

You may also change your emergency contact information online via CampusNet

Name: _____

Relation: _____

Telephone Number (List all that apply): _____

ADDRESS CHANGE

You may also change your address online via CampusNet
STAY WITHIN THE PRINTED BLOCKS – abbreviate where necessary

Street Number: | | | | | | | Apt. or PO Box Number: | | | | | | |

Street Name: | | | | | | | | | | | | | | | | |

City: | | | | | | | | | | | | | State: | | | Zip: | | | | | |

County (if Ohio)
Or
Country (if foreign) | | | | | | | | | | | | | | | | | |

Telephone: | | | | | | | | | | | |

OFFICE USE ONLY

Signature (required): _____ ***Date:*** _____

Please return to Campus411 in MC 116