

Student Record Data Change Form

UWM Registrar's Office

Instructions: Use this form to make corrections to your Social Security number, name or date of birth, gender, race/ethnicity. Alumni may also make changes to preferred email or mailing address. We require supporting documentation to process Social Security Number, name, birth date, and gender changes.

Action Requested:

<input type="checkbox"/> Name Change	<input type="checkbox"/> Social Security Number Change	<input type="checkbox"/> Gender Change
<input type="checkbox"/> Name Correction	<input type="checkbox"/> Birth Date Change	<input type="checkbox"/> Race/Ethnicity Change
	<input type="checkbox"/> Preferred Email Change <small>(available for alumni only*)</small>	<input type="checkbox"/> Mailing Address Change <small>(available for alumni only*)</small>

New/Correct Information:

*Current students should update email and address changes via their PAWS account.

Name	Previous or Incorrect Name	
Student ID Number	Social Security Number	Birth Date

Preferred Mailing Address
Street Address, City, State, ZIP
(alumni only*)

Correct Gender to Male

Correct Gender to Female

Preferred Email Address (alumni only*)

Race/Ethnicity: Please answer both a and b.

a. Ethnicity: Are you of Hispanic or Latino/a origin?
(If yes, choose one or more from the following list.)

<input type="checkbox"/> Cuban	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Mexican, Mexican American or Chicano/a	<input type="checkbox"/> Puerto Rican	
	<input type="checkbox"/> Other Hispanic or Latino/a	

b. Race: Choose one or more from the list below.

<input type="checkbox"/> African American or Black	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Laotian
<input type="checkbox"/> American Indian or Alaska Native <small>(specify tribal affiliation)</small>	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Hmong	<input type="checkbox"/> Other Asian
		<input type="checkbox"/> White

Your signature is required to process all changes:

I request that the change(s) indicated above be made to my University record. I understand that the changes are effective as of the date this form is received in the Registrar's Office.

Signature: _____ **Date:** _____

FOR RO USE ONLY Received by: _____ Date: _____

Notes:

<input type="checkbox"/> UGRD	ID/Documentation Imaged?
<input type="checkbox"/> GRAD	<input type="checkbox"/> Yes
	<input type="checkbox"/> No - Reason/Type of ID presented: _____