

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, legal sex, 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"/> Legal Sex 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> |

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

New/Correct Information:

| | | | | | | |
|----------------------|----------------------|----------------------|----------------------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name | Middle Name | Last Name | Previous or Incorrect First Name | Middle Name | Last Name | |
| <input type="text"/> | | | <input type="text"/> | | <input type="text"/> | |
| Student ID Number | | | Social Security Number | | Birth Date | |

Preferred Mailing Address

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

Preferred Email Address

Correct Legal Sex: Male Female Another Legal Sex (X)

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"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Mexican, Mexican American or Chicano/a | <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"/> <input style="width: 200px; height: 20px;" type="text"/> | <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: _____ | |