OFFICE OF THE UNIVERSITY REGISTRAR
600 FORBES AVE. * PITTSBURGH, PA 15282 * PH: 412.396.6212 * FAX: 412.396.5622

AUTHORIZATION TO CHANGE STUDENT INFORMATION

Instructions:
1. Please CLEARLY PRINT your name, BANNER ID number, or the last four numbers of your social security, and all information you wish to change or correct.
2. Sign and date the form.
3. A copy of a marriage certificate, Social Security Card, or court document must be provided in order to change your name.
4. A copy of the Social Security Card must be presented in order to change your SSN.
5. A copy of a valid Driver’s License, State ID, or Birth Certificate must be provided in order to change your Date of Birth.
6. Deliver this form to the Office of the University Registrar, unless you are an International Student* or a Law School® student.

Check appropriate block(s) for the information you would like to change:
☐ Home/Permanent Address ☐ Name ☐ Social Security Number ☐ Date of Birth

Please enter the effective date of this authorization to change student information:___________________.

Are you currently employed at Duquesne University? ☐ Yes ☐ No

*Are you an International Student? ☐ Yes ☐ No
If yes, please deliver this form to the Office of International Programs, Room 601, Student Union.

*Are you attending the Law School? ☐ Yes ☐ No
If yes, please deliver this form to the Law School Registrar, Room 202, Law School.

Student Name: __________________________________________________________

PLEASE PRINT CLEARLY

Corrected Name (if applicable): ______________________________________________

PLEASE PRINT CLEARLY

BANNER ID: __________________ SSN Change (if applicable): ________________

Or last 4 numbers of Social Security Number

Home/Permanent Address: __________________________________________________

________________________________________________

________________________________________________

Home/Permanent Phone: ________________ DOB Change (if applicable): __________

________________________________________________

Signature __________________________ Date __________________________

This form must be signed by the student. The student’s original name of record cannot be expunged and will not be changed without authorized official documentation.

OFFICIAL USE ONLY. Processed by:

Signature: __________________________ Date: __________________________

6/9/2016