

Request for Student Record Update

Return completed forms to the Registrar's Office at oel-registrar@uwex.edu.

Legal Name _____	Student ID Number _____
University Email Address: _____	Phone Number _____
Select Campus and provide Campus ID and last enrolled Subscription Period (check multiple campuses if you are dually enrolled)	
Campus ID	Last Enrolled Subscription Period (mo/yr)
UW-Milwaukee _____	_____
UW-Parkside _____	

Update/Change my record as indicated below in the following student information systems as allowed by the campus partner

Preferred First Name: _____		(Check all that apply)
Preferred Gender Identity Change	_____ Male	_____ Female
Address: _____	Address Type (select one)	
Street address, including apartment number if applicable	City, State, Zip	Home Address
		Billing Address
		Diploma Address
Phone Number: _____	Phone Number Type (select one)	
	Home Phone	
	Cell Phone	
	Work Phone	
Personal Email Address: _____		

To update the information fields below, please submit legal proof of these corrections via mail along with this request

- ✓ **NAME Changes** - submit a copy of your marriage certificate or court order **AND** a photo ID
- ✓ **SSN Corrections** - submit a copy of your SSN card
- ✓ **BIRTH DATE Corrections** - submit a copy of your driver's license or state ID
- ✓ **GENDER OF RECORD Changes** - submit a copy of your court order

Social Security Number: _____ Birth Date: _____

Legal Name: _____
Former Name New Name

Gender of Record Change, Male to Female

Gender of Record Change, Female to Male

I am requesting that my student record be updated as indicated above. I have provided the appropriate supporting documentation, where necessary, and understand that my information will be changed only as indicated by me.

Student Signature (electronic signatures not accepted) _____ Date _____

This section is for office use only:

Received by: _____	Date: _____	Forwarded to: _____	Date: _____
Request Approved/Denied: _____	Processed by: _____	Date: _____	