

Request for Student Record Update

Return completed form to the Registrar's Office at registrar@uwex.wisconsin.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 Type (select one)
Home Address
Billing Address
Diploma Address
Address: _____
Street address, including apartment number if applicable City, State, Zip
Phone Number Type (select one)
Home Phone
Cell Phone
Work Phone
Phone Number: _____
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: _____