



CHANGE OF PERSONAL DATA FORM

SUBMIT THIS FORM TO THE ONE STOP ENROLLMENT AND FINANCIAL SERVICES OFFICE

PART I: COMPLETE THE INFORMATION AS IT NOW APPEARS ON UNIVERSITY RECORDS

Current Social Security Number (required)

Date of Birth (Month, Day, Year)

Current Last Name

Current First Name

Middle Initial

Gender: Male _____ Female _____

PART II: COMPLETE THE INFORMATION AS IT SHOULD APPEAR ON UNIVERSITY RECORDS

Please complete **ONLY** the information that you want changed.

**All Name, DOB, SSN and gender changes must be accompanied by documentation (driver's license, SSN card, or Court Decree)*

New Social Security Number

New Date of Birth (Month, Day, Year)

New Last Name

New First Name

Middle Initial

New Gender: Male _____ Female _____

Student Signature: _____

Date: _____

PART III: TO BE COMPLETED BY THE ONE STOP OFFICE

**One Stop Enrollment
and Financial Services Office**

Date

Date Entered

Oper. Initials

2130 Fulton Street
San Francisco, CA 94117
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