



OFFICE OF THE REGISTRAR

777 Glades Road
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Boca Raton, Florida 33431-0991
Telephone: 561.297.3050
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REQUEST FOR CHANGE IN STUDENT ID OR SOCIAL SECURITY NUMBER

Name: \_\_\_\_\_ Student I.D. (Z #): \_\_\_\_\_
(please print)

Address: \_\_\_\_\_
(Street) (City) (State) (Zip Code)

Phone: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_

IMPORTANT NOTES:

PLEASE CONTINUE TO USE YOUR CURRENT (FORMER) STUDENT ID# FOR ALL TRANSACTIONS AT FAU UNTIL YOU ARE NOTIFIED BY THIS OFFICE THAT THE CHANGE HAS BEEN PROCESSED.

ANYONE WITH AN ASSIGNED STUDENT ID# WILL NOT BE ELIGIBLE FOR FINANCIAL AID FROM FAU AND THE UNIVERSITY WILL NOT BE ABLE TO CERTIFY DEFERMENT FOR PRIOR SEMESTERS.

IF THIS CHANGE INVOLVES A SOCIAL SECURITY NUMBER, A COPY OF YOUR SOCIAL SECURITY CARD IS REQUIRED.

Please Print Clearly

I, \_\_\_\_\_ hereby request that my current FAU Student Identification number/
Social Security Number \_\_\_\_\_ be changed to \_\_\_\_\_ (new number)

The reason for this change is: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

College of Major \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remember to use your current ID until you are notified of the change.

FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

Former Number Deleted:  Yes  No

Notification Mailed:  Yes  No