



OFFICE OF THE REGISTRAR

777 Glades Road  
P.O. Box 3091  
Boca Raton, Florida 33431-0991  
Telephone: 561.297.3050  
Fax: 561.297.2756  
e-mail: registrar@fau.edu

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)** INFORMATION FOR ALL TRANSATONS AT FAU UNTIL YOU ARE NOTIFIED BY THIS OFFICE THAT THE CHANGE HAS BEEN PROCESSED.

ANYONE WITHOUT A SOCIAL SECURITY NUMBER 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

FOR OFFICE USE ONLY

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

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

Former Number Deleted: ☐ Yes ☐ No

Notification Mailed / Emailed : ☐ Yes ☐ No