



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

College of Law Registrar's Office | 201 FAMU Law Lane | Orlando, Florida 32801

Email: [RegistrarCOL@famu.edu](mailto:RegistrarCOL@famu.edu)

Fax: (407) 254-3221

Phone: 407-254-3279/3287

**CHANGE OF PERSONAL INFORMATION**

This form is to be used to request a change or correction to your Name, Social Security Number or Home (permanent) address. All documentation must be submitted with the request to be processed by College of Law Registrar's Office.

**CURRENT PERSONAL INFORMATION ON UNIVERSITY RECORDS (complete all information)**

NAME:	DATE:
iRattler STUDENT ID #:	PHONE NUMBER:
FAMU EMAIL ADDRESS:	DIVISION: Full-Time or Part-Time
MAILING ADDRESS:	CITY/STATE/ZIP:

**COMPLETE CHANGE REQUEST TYPE**

**Change/Correct Name on University Record To:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Please attached copy of supporting documentation: marriage certificate, certificate of naturalization, divorce decree, etc.

**Change /Correct Social Security Number: Attach a copy of your new/correct card with Photo ID**

Incorrect Number: \_\_\_\_\_ TO Correct Number: \_\_\_\_\_

**Change of Home Address (Permanent):**

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION BELOW TO BE COMPLETED BY FAMU LAW SCHOOL REPRESENTATIVES**

College of Law Registrar Representative: (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_