



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

College of Law Registrar's Office | 201 Beggs Avenue | Orlando, Florida 32801

Email: 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. **This form can be typed in online before it is printed.**

CURRENT PERSONAL INFORMATION ON UNIVERSITY RECORDS (complete all information)

NAME:	DATE:
iRattler STUDENT ID #: Please do not enter SSN#	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: _____

Select Attached Documentation from Drop Down Menu:

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: _____