

FLORIDA **A&M** UNIVERSITY

COLLEGE OF LAW

Registrar's Office  
201 Beggs Avenue  
Orlando, Florida 32801

Office: (407) 254-3279

Fax: (407) 254-3221

Email: RegistrarCOL@famu.edu

**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 #: <b>Please do not enter SSN#</b>	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: \_\_\_\_\_