

# **SOCIAL SECURITY NUMBER CHANGE FORM**

Office of the Registrar ♦ University Hall 171 ♦ 909-537-5200

(Please Print Clearly)

Current Name On CSUSB Records: \_\_\_\_\_  
Last First Middle

**Coyote ID#** \_\_\_\_\_ **Current** Social Security Number : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

***Please change*** my student records to reflect my Social Security Number as: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NOTE: Present new SSN card as supporting documentation for this change.

DO YOU HAVE A GRADUATION CHECK ON FILE? YES \_\_\_ NO \_\_\_ TERM & YEAR \_\_\_\_\_

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

***Submit this form to the Records office. Please allow a minimum of two weeks for processing.***

## **For Office Use Only**

Recorded by: \_\_\_\_\_ Date: \_\_\_\_\_

SSNChg/0415bl