

CLEARY UNIVERSITY

Office of the Registrar

Phone: 800-686-1883

Email: records@cleary.edu

INFORMATION CHANGE REQUEST FORM

Date: ____/____/____

Date of Birth: ____/____/____

Current Name on Record

Last	First	Middle
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NAME CHANGE

TO:

Last	First	Middle
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SOCIAL SECURITY NUMBER CHANGE

FROM: ____-____-____ TO: ____-____-____

GENDER CHANGE

FROM: _____ TO: _____

A Certified Copy of the Driver's Record, Marriage Certificate, Social Security Record, Birth Certificate, or Signed Court Order with the Changed Information Must Accompany This Form

I swear under the penalty of perjury that the information that I have provided is accurate. I authorize the information change on my academic record as specified above.

Signature: _____