



Student Biographical Change Request

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|--|---|---|--|
| <input type="checkbox"/> WITC Ashland
2100 Beaser Ave
Ashland, WI 54806 | <input type="checkbox"/> WITC New Richmond
1019 South Knowles Ave
New Richmond, WI 54017 | <input type="checkbox"/> WITC Rice Lake
1900 College Drive
Rice Lake, WI 54868 | <input type="checkbox"/> WITC Superior
600 North 21 st Street
Superior, WI 54880 |
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PLEASE NOTE: THIS FORM WILL NOT BE PROCESSED UNTIL SECTIONS 4 AND 5 HAVE BEEN COMPLETED BY A WITC STAFF MEMBER

SECTION 1: Student Information:

Student Name: _____ **Effective Date of Change:** ____ / ____ / ____

Date of Birth: ____ / ____ / ____ Student ID: _____

Previous Address: _____ City/State/Zip Code: _____

Current Address: _____ Current City/State/Zip Code: _____

Previous Phone Number: ____ - ____ - ____ Type (Please Circle): Mobile Home Work

Current Phone Number: ____ - ____ - ____ Type (Please Circle): Mobile Home Work

Social Security Number to be added to my record: ____ - ____ - ____

Student Signature or WITC Staff Member that Authenticated Student ID Date

SECTION 2: Name Change: To complete a name change, you must present a state or federally issued picture I.D. card showing official recognition and usage of the new name.

Previous Name: _____ New Name: _____

Do you want your student email address changed to reflect your name change?: Yes or No
(If Yes, email will be changed to: "New Last Name" @my.witc.edu)

SECTION 3: Social Security Number correction: To have your social security number corrected in our system, you must present your Social Security card.

Previous SSN: ____ - ____ - ____ New SSN: ____ - ____ - ____

Staff Use Only

<p>SECTION 4: (Circle Option Used to Verify Student Identity)</p> <p>Option One: "One" Form of Photo ID</p> <ul style="list-style-type: none"> • Student ID • Driver's License • Passport • DMV Authorized ID Card <p>Option Two: Or "Two" of the following may be used in place of a photo ID</p> <ul style="list-style-type: none"> • Social Security Card • Birth Certificate • Utility Bill <p>Option Three: OR "Three" of the following presented verbally or in writing</p> <ul style="list-style-type: none"> • Student ID Number • Last 4 Digits of Social Security Number • Month and Day of Birth • Address on File 	<p>SECTION 5: (Complete All Applicable Sections)</p> <p>Document provided to verify Sections 2 & 3: _____</p> <p>_____</p> <p>Email Change Requested From Shell Lake: ____ / ____ / ____</p> <p>Staff Signature: _____</p> <p>Date Request Completed: ____ / ____ / ____</p>
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