



## Student Biographical Change Request

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| <input type="checkbox"/> <b>WITC Ashland</b><br>2100 Beaser Ave<br>Ashland, WI 54806 | <input type="checkbox"/> <b>WITC New Richmond</b><br>1019 South Knowles Ave<br>New Richmond, WI 54017 | <input type="checkbox"/> <b>WITC Rice Lake</b><br>1900 College Drive<br>Rice Lake, WI 54868 | <input type="checkbox"/> <b>WITC Superior</b><br>600 North 21 <sup>st</sup> Street<br>Superior, WI 54880 |
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**PLEASE NOTE: THIS FORM WILL NOT BE PROCESSED UNTIL SECTIONS 5 AND 6 HAVE BEEN COMPLETED BY A WITC STAFF MEMBER**

**SECTION 1: Student Information:**

Student Name: \_\_\_\_\_ **Effective Date of Change:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Student Signature or WITC Staff Member that Authenticated Student ID Date

**SECTION 2: Name Change: To complete a name change, you must present an affidavit representing your official name change as proof that your name has been legally changed.**

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 addition or correction: To have your social security number added to or corrected in our system, you must present your Social Security card.**

Previous SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ New SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**SECTION 4: Address/Phone Number Change:**

Previous Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

New Address: \_\_\_\_\_ New City/State/Zip Code: \_\_\_\_\_

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

New Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Type (Please Circle): Mobile Home Work

### Staff Use Only

<p><b>SECTION 5: (Circle Option Used to Verify Student Identity)</b></p> <p>Option One: "One" Form of Photo ID</p> <ul style="list-style-type: none"> <li>Student ID</li> <li>Driver's License</li> <li>Passport</li> <li>DMV Authorized ID Card</li> </ul> <p>Option Two: Or "Two" of the following may be used in place of a photo ID</p> <ul style="list-style-type: none"> <li>Social Security Card</li> <li>Birth Certificate</li> <li>Utility Bill</li> </ul> <p>Option Three: OR "Three" of the following presented verbally or in writing</p> <ul style="list-style-type: none"> <li>Student ID Number</li> <li>Last 4 Digits of Social Security Number</li> <li>Month and Day of Birth</li> <li>Address on File</li> <li>Last 4 Digits of Phone Number on File</li> </ul>	<p><b>SECTION 6: (Complete All Applicable Sections)</b></p> <p>Document provided to verify Section 2: _____</p> <p>_____</p> <p>Email Change Requested From Shell Lake: ____ / ____ / ____</p> <p>Staff Signature: _____</p> <p>Date Request Completed: ____ / ____ / ____</p>
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