

## STUDENT RECORDS OFFICE

Please type information as it is currently in Terra State's student information system.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Student ID or Birthdate\*

### MODIFICATIONS

Please complete **only the lines which must be changed**.

#### MODIFICATIONS REQUIRING DOCUMENTATION

The changes below must be made using this form and include official documentation.

\_\_\_\_\_  
Legal First Name

\_\_\_\_\_  
Legal Last Name

Legal Sex: ☐ Male ☐ Female ☐ Not Available

**Documentation:** Two of the following documents may be submitted for verification of the legal name change:

- Valid state driver's license or state-issued identification card
- Valid passport (required for international students in non-immigrant status)
- Federally issued identification card
- Court action document
- Divorce decree (the appropriate page of the decree)
- Marriage certificate
- Social Security Card (**REQUIRED for SSN change**)

SSN: \_\_\_\_\_

*Changes to SSN should not be sent to Terra State through unsecured means.*

Date of Birth: \_\_\_\_\_

*\*For changes to the DoB, Student ID must be identified above.*

#### MODIFICATIONS NOT REQUIRING DOCUMENTATION

\_\_\_\_\_  
1<sup>st</sup> Program (Current program will be replaced)

\_\_\_\_\_  
2<sup>nd</sup> Program (If a 2<sup>nd</sup> program exists, it will be replaced)

Comments: \_\_\_\_\_

*Current students should make the following changes in Self-Serve Banner (SSB)*

\_\_\_\_\_  
Preferred First Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Resident County

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

Release Directory Information: ☐ Yes  
☐ No

### AUTHORIZATION

I hereby authorize Terra State Community College to revise my student profile record as indicated.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Do not mark below this line. For administrative use only.

### VERIFICATION

Records official signature: \_\_\_\_\_

Date: \_\_\_\_\_