San Francisco State University  
College of Extended Learning  
Student Record Change Form

Submit Petition to Extended Learning: **Main Campus**: 1600 Holloway Ave, Onestop, SSB 1st Floor  * **Downtown Campus**: 835 Market Street, 6th Floor  
Petition may also be **MAILED** to: SF State Extended Learning, 835 Market Street, 6th floor, San Francisco, CA 94103

| Name: __________________________________________ | Student ID: __________________________ |
| Address: _________________________________________ |
| City, State, Zip: __________________________________|
| Email: __________________________ | Telephone: ____________________________ |
| Student Signature __________________________ | Date __________ |

I request the Following change/correction to my student record (check all that apply):

- **Name Change/Correction** (If you discover an error in your name, have remarried/changed your name.)
  
  **OLD NAME:**
  
  First ____________________________ Middle ____________________________ Last ____________________________
  
  **NEW NAME:**
  
  First ____________________________ Middle ____________________________ Last ____________________________
  
  Please provide verification of new name by attaching a copy of a California ID, passport or marriage license.

- **Birth Date Correction** (If your record is missing a birth date indicate “None” on INCORRECT Birth Date below.)
  
  **INCORRECT Birth Date:** _______ / _______ / ____________
  
  **CORRECT Birth Date:** _______ / _______ / ____________
  
  Please provide verification of your correct Birth Date by attaching a copy of a California ID or passport.

- **I have more than one Student ID Number** (If known, please list your various Identification Numbers below.)
  
  __________________________________________
  
  __________________________________________
  
  Please provide verification of correct Social Security Number by attaching a copy of your Social Security Card AND a California ID.

- **Social Security Number Correction** (If your record is missing a Social Security Number indicate “None” on INCORRECT Social Security Number below.)
  
  **INCORRECT Social Security Number:** __________________________
  
  **CORRECT Social Security Number:** __________________________
  
  Please provide verification of correct Social Security Number by attaching a copy of your Social Security Card AND a picture ID.