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**: 160 Spear Street, Suite 1220  
Petition may also be **MAILED** to: San Francisco State University, College of Extended Learning, 160 Spear Street, Suite 1220, San Francisco, CA 94105  

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.