

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.