

OFFICE OF RECORDS & REGISTRATION STUDENT DATA CHANGE FORM

Name Currently on Record: _	d: Student ID Number:		
Coppin Email Address:		Phone:	Date:
Instructions: Please complete a Address. *All requests must be a	C	•	Jame, SSN, birthdate, Gender and locumentation. *
	NAME C	CHANGE*	
☐ Marriage Certificate	☐ Divorce Decree	☐ Court Ord	ered-Documentation
New Name: Last	First		Middle
Student's Signature:			
	SECURITY NUMBEI d needed to update SSN on file. Bi		
Reason for Change:			
Current SSN/DOB:			
Updated SSN/DOB:			
Student Signature:			
	GENDER	CHANGE*	
Gender Change From: ☐ Fen	nale	ender Change To	:
Student Signature:			
	ADDRESS	CHANGE*	
	e to in-state, it will be neces	sary to complete Res	your residency status. If a Permanent A idency Forms in order to be billed as an
Current Address:	Street City,	State Zip Code	County
TT - 1 - 4 - 1 A 11	sitet City,	State 21p Code	county
Updated Address:	Street City,	State Zip Code	County
Address to Be Updated:	Home ☐ Mailing	g □ Dipl	oma Mailer