



Enrollment Management and Services  
Department of Registration & Records

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**PERSONAL INFORMATION CHANGE REQUEST FORM**

**IMPORTANT INFORMATION**

This form may be used to update personal information on your student record. Please indicate the change below and make sure you provide proof of this change.

**DATE OF BIRTH**

Old DOB: \_\_\_\_\_

New DOB: \_\_\_\_\_

**GENDER**

\_\_\_\_\_ Male

\_\_\_\_\_ Female

\*\*\*\*\*PLEASE PRINT\*\*\*\*\*

Name: \_\_\_\_\_  
LAST SUFFIX FIRST MIDDLE

ID Number: \_\_\_\_\_ Curriculum/Class: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date

**A LEGAL DOCUMENT MUST BE PRESENTED TO CHANGE ANY OF THE ABOVE INFORMATION:**

\_\_\_\_\_ Driver's License  
\_\_\_\_\_ Certified Copy of Court Order  
\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Received by Date