



BIRTH DATE CORRECTION REQUEST

Last Name _____ First _____ MI ____ Date of Birth: _____

Social Security #: _____ - _____ - _____ OR Banner ID: @ _____

Date of Birth:

Month _____ Day _____ Year _____

*It is required that you provide legal proof of your Date of Birth, by providing a copy of **one** of these documents:*

Driver's License Birth Certificate



***** Your signature is required for processing. *****

Student Signature _____ **Date** _____

For Office Use Only: