

## STUDENT PERSONAL INFORMATION CHANGE REQUEST

**INSTRUCTIONS:**

1. To request an official name, social security number, and/or birthdate change, please complete and sign this form.
2. Submit the completed form to the Student Support Counselor along with official documentation substantiating the requested change. Examples of substantiating documentation include but are not limited to a copy of a government-issued identification card, marriage license, divorce decree, or other court document. Please allow 7 to 10 business days for processing.
3. To update your mailing address, phone number, and/or personal email address with TCSPP, login into the Academic Portal <My Records>My Contact Information at <https://apps.thechicagoschool.edu>.
4. For a social security number/taxpayer ID number update, please contact Student Accounts and Financial Aid to discuss the impact of the change.

<b>CHICAGO/TCSPP@XULA</b> 800.595.6938 (phone) 312.488.6301 (fax) <a href="mailto:Chistudentsupport@thechicagoschool.edu">Chistudentsupport@thechicagoschool.edu</a>	<b>ONLINE</b> 800.595.6938 (phone) 312.254.1442 (fax) <a href="mailto:Onlinestudentsupport@thechicagoschool.edu">Onlinestudentsupport@thechicagoschool.edu</a>	<b>DALLAS</b> 800.595.6938 (phone) 214.575.9090 (fax) <a href="mailto:dalstudentsupport@thechicagoschool.edu">dalstudentsupport@thechicagoschool.edu</a>	<b>SOUTHERN CALIFORNIA</b> 800.595.6938 (phone) 213.615.7286 (fax) <a href="mailto:Castudentsupport@thechicagoschool.edu">Castudentsupport@thechicagoschool.edu</a>	<b>WASHINGTON, D.C.</b> 800.595.6938 (phone) 202.706.5199 (fax) <a href="mailto:Dcstudentsupport@thechicagoschool.edu">Dcstudentsupport@thechicagoschool.edu</a>
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**Current Name Listed on TCSPP Records:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ TCSPP e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Campus: \_\_\_\_\_ Last 4 Digits of Social Security Number: XXX-XX-\_\_\_\_\_

**Check the Box Next to the Information to be Changed:**

**Name:** Check Reason for Change and Provide Legal Documentation: Effective Date: \_\_\_\_\_

- Marriage  
  Divorce  
  Legal Name Change  
  Correction of Error  
  Other (Please Specify):

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Social Security Number:** Check Reason for Change and Provide a copy of your Social Security or Taxpayer ID card  
*Contact Student Account and Financial Aid to discuss the impact of the change.*

- Correction of Error  
  New Social Security Number  
  New Taxpayer ID Number

Check this box if you are an International student and wish to receive a 1098T tax form. You must also provide your SSN or ITIN.

Current Number on Record: \_\_\_\_\_ New Number: \_\_\_\_\_

**Date of Birth:** Provide a copy of your current Driver's License, State ID, or Birth Certificate. \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month   Day   Year

**Change of Citizenship:** Provide proof of citizenship (Certificate of Naturalization, Passport, Certificate of U.S. Citizenship) \_\_\_\_\_

**STATEMENT OF REQUEST**

"I request to change my personal information on my official records at The Chicago School of Professional Psychology as indicated above."

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY	
Date Received: _____	Notifications: <input type="checkbox"/> Academic Department <input type="checkbox"/> IT <input type="checkbox"/> OPT <input type="checkbox"/> Student Affairs <input type="checkbox"/> Financial Aid <input type="checkbox"/> Student Account
Processed By: _____	Proof: <input type="checkbox"/> Marriage License <input type="checkbox"/> State/Federal ID <input type="checkbox"/> Other: