

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 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 The Chicago School, login into the <u>Academic Portal</u> > 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.
- 5. Submit completed form and documentation to Student Support via Email or Fax:
 - a. **EMAIL**: studentsupport@thechicagoschool.edu | **PHONE**: 800.595.6938 (Opt. 1) | **FAX**: 312.254.1442

Current Information Listed on The Chi	cago School Records:	
First Name:	Middle Name:	Last Name:
Student ID:	School E-Mail:	Phone:
Campus:	Last 4 Digits of SSN: XX-XX-	·
Check the Box Next to the Information	to be Changed:	
☐ Name: Check reason for change and	provide legal documentation: Effective D	Date:
☐ Marriage ☐ Divorce ☐ Lega	I Name Change ☐ Correction of Error ☐	Other (Please Specify):
First Name:	Middle Name:	Last Name:
Please contact Student Accounts and ☐ Correction of Error ☐ New So	son for change and provide a copy of your String and Financial Aid to discuss the impact of this cocial Security Number New Taxpayer I New	change.
•	New Number	, ,
☐ Date of Birth : Provide a copy of your	current driver's license, state ID, or birth co	ertificate. MM/DD/YYYY):
☐ Change of Citizenship: Provide prod	of of citizenship (Certificate of Naturalization	n, passport, certificate of U.S. citizenship.)
STATEMENT OF REQUEST:		
"I request to change my personal informa	ation on my official records at The Chicago	School of Professional Psychology as indicated above."
STUDENT SIGNATURE:		DATE:
	FOR OFFICE US	E ONLY
Date Received:		IT OPT Student Affairs Financial Aid Student Accounts State/Federal Other:
Processed By:	riooi.	State/Teueral Other