



**STUDENT DATE OF BIRTH  
CORRECTION REQUEST**

- Student **must** present a copy of his/her driver's license or birth certificate.
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Full Legal Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
*Last                                            First                                            Middle*

*I request that my date of birth be corrected on the official records of the University as follows:*

From: \_\_\_\_\_  
*Month            Day            Year*

To: \_\_\_\_\_  
*Month            Day            Year*

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

<b>URO OFFICE USE ONLY</b>	Legal Documentation Approved By <i>(Designated URO Staff Only)</i> :	Date:
	Change Recorded By:	Date:

UROC 1/2010