



Biographical Information Changes

Please print clearly. *Required information

To ensure the security and privacy of your student records, the Registrar's Office requires official documentation of changes to your name, Social Security number, date of birth, and gender. Please deliver this signed form in person and show photo identification and the appropriate documentation (listed below), or fax a notarized copy of this form with copies of the appropriate documentation. **Please note** that you may make changes to your address, e-mail, and telephone numbers online using your ID number and PIN.

DCE ID number*									
@									
<i>(see www.extension.harvard.edu/login if unsure)</i>									
Date of birth* (example: JUN 09 1990)									
<i>Month (mmm)</i>			<i>Day (dd)</i>		<i>Year (yyyy)</i>				

Legal name*		
Last (family name)	First	Middle

E-mail address*	Daytime phone number*	<input type="checkbox"/> Check if cell

Indicate type of change and provide the required documentation:

- Name change or correction.** Please indicate type of change:
 - Legal name change.** The following documentation is required:
 1. **Documentation of legal name change** showing former and new legal name. Acceptable documentation: marriage certificate, certified; divorce certificate, certified; certificate of naturalization; or court order for name change. **Note:** If the legal name change documentation you provide does not show former and new legal name, then you must provide identification documents for both your former and new legal name, and at least one of those must be a photo ID.
 2. **Photo identification** showing former legal name or new legal name. Acceptable documentation: passport; or driver's license and Social Security card
 - Name correction.** Photo identification showing correct legal name is required. Acceptable documentation: passport; or driver's license and Social Security card

New/correct legal name*		
Last (family name)	First	Middle
Former/incorrect name*		
Last (family name)	First	Middle

Social Security number change or correction. Acceptable documentation: Social Security card, W2, W4, or official payroll stub.

Correct Social Security number	Incorrect Social Security number

Date of birth change or correction. Acceptable documentation: birth certificate or passport.

Correct date of birth	Incorrect date of birth
<i>Month (mmm)</i>	<i>Month (mmm)</i>
<i>Day (dd)</i>	<i>Day (dd)</i>
<i>Year (yyyy)</i>	<i>Year (yyyy)</i>

Gender change or correction. Acceptable documentation: passport or medical/legal notice of change and photo ID.

Correct gender	Incorrect gender

By signing below, I confirm that the above information is true and correct and I accept full responsibility for submitting it to the Division of Continuing Education Registrar's Office.

Legal name signature* _____ Date* _____

Space for notary

For office use only
 Received _____
 Processed _____