



HARVARD DIVISION OF CONTINUING EDUCATION

Harvard Extension School • Harvard Summer School

Registrar's Office • 51 Brattle Street, Cambridge, Massachusetts 02138-3722 • (617) 998-8469 • registrar@dcemail.harvard.edu

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. You may deliver the required documents in person to the Registrar's Office, 51 Brattle Street, 4th floor. You will be asked to show a government-issued photo ID when you present your documents. If you are unable to deliver the documents in person, you must submit a *notarized copy* of this form along with your official documentation to the Registrar's Office at the address or email above. Please note that you may make changes to your address, e-mail, and telephone numbers online.

DCE ID NUMBER*											
@											
<small>(see www.extension.harvard.edu/login if unsure)</small>											

DATE OF BIRTH example: JAN 01 1994											
<small>Month (MMM)</small>				<small>Day (DD)</small>				<small>Year (YYYY)</small>			

FULL LEGAL NAME* (exactly as printed on your government-issued ID)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

E-MAIL ADDRESS* (must be student's personal and unique 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:

- 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 government-issued photo ID.
- Government-issued photo identification** showing former legal name or new legal name. Acceptable documentation: passport; or driver's license and Social Security card

Name correction. Government-issued photo identification showing correct legal name is required. Acceptable documentation: passport; or driver's license with a Social Security card

NEW/CORRECT LEGAL NAME*		
Last/Family/Sur name(s)		
First/Given name(s)		
Middle name(s)		

FORMER/INCORRECT NAME*		
Last/Family/Sur name(s)		
First/Given name(s)		
Middle name(s)		

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 example: JAN 01 1994											
<small>Month (MMM)</small>				<small>Day (DD)</small>				<small>Year (YYYY)</small>			

INCORRECT DATE OF BIRTH example: JAN 01 1994											
<small>Month (MMM)</small>				<small>Day (DD)</small>				<small>Year (YYYY)</small>			

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

CORRECT GENDER						INCORRECT GENDER					

Note: If you are not submitting this form in person, you must sign in the presence of a notary. 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. Document must be signed with a real signature. Digital signatures are not accepted.

Legal name signature* _____ Date* _____

Space for notary

For office use only	
Received	_____
Processed	_____