

CHANGE OF INFORMATION FORM

INSTRUCTIONS: To request an official name, social security number, birthdate change, contact information changes, complete and sign this form. Submit the completed form to the Registrar's Office along with official documentation substantiating the requested change. Examples of substantiating documentation including 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. Upload the Change of Information form along with copies of supporting documentation by using our [secure file upload system](#):

Active student may update their personal information including Address, phone number, Preferred name, and email address via BroncoDirect..

Check the box you want to make the change

- Primary Name Change
 SSN Update
 Contact Information Update (phone number, email, address)
 Birthdate Update
 Gender

Current Name Listed on CPP Records:

First Name: _____ Middle Name: _____ Last Name: _____

Bronco ID: _____ CPP e-mail: _____@cpp.edu Phone: _____

Check the Box Next to the Information to be Changed:

- Legal/Primary Name Change:** Check Reason for Change and Provide Legal Documentation: Effective Date: _____
 Marriage/Divorce
 Naturalization
 Legal Name Change
 Correction of Error
 Other (Please Specify):

First Name: _____ Middle Name: _____ Last Name: _____

If you would like to make your Preferred Name the same as your Primary Name, please check this box

- 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

Gender: Female
 Male
 Non-binary/Third Gender
 Prefer to self-describe
 Prefer not to disclose

Personal Email Update: New Email Address: _____

Phone Number Update: New Phone#: _____

Address Update: New Address: _____
 Street City State Zip Code county

STATEMENT OF REQUEST

I certify that I am not employed by ANY organization at Cal Poly Pomona.

STUDENT SIGNATURE:

DATE:

FOR OFFICE USE ONLY

| | |
|--|---|
| Date Received: _____ Processed By: _____ Preferred Name: Student Group Code (CRN) added in PS <input type="checkbox"/> Yes | Proof: <input type="checkbox"/> Marriage License <input type="checkbox"/> State/Federal ID <input type="checkbox"/> Other: |
|--|---|