

Update Personal Information Form

Name: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

Date of Birth: _____ NUID or Social Security Number: _____

Please complete the section(s) for the information you are updating.

Date of Birth Change: Provide a copy of your driver's license or passport/visa reflecting your correct date of birth.

Correct Date of Birth: _____
MM/DD/YYYY

Legal Name Change: Provide a copy of your driver's license, social security card, passport/visa, marriage certificate, or court order or decree reflecting your updated name.

New Name: _____
First Middle Last

Former Name: _____
First Middle Last

Legal Sex Change: Provide a copy of your driver's license, passport/visa, birth certificate, or certification of sex reassignment DMV form reflecting your updated legal sex.

Updated Legal Sex: Male Female Intersex/Nonbinary

Social Security Number Change: Provide a copy of your social security card reflecting your correct social security number.

Correct Social Security Number: _____
XXX-XX-XXXX

I certify that the information provided is accurate and correct and that I am the owner of this information. I hereby authorize the University of Nebraska at Kearney to update the personal information on my record. I authorize the Registrar's Office to provide a copy of my documents to the Human Resources Office at the University of Nebraska at Kearney to update any applicable employment record.

Student's Signature: _____ **Date** _____

Print and return with appropriate documentation to:
University of Nebraska at Kearney
Registrar's Office – Warner Hall
2504 9th Ave
Kearney, NE 68849
unkregistrar@unk.edu (Do not scan or email any documentation showing SSN)