

San Francisco State University  
College of Extended Learning  
Student Record Change Form

Submit Petition to Extended Learning: **Main Campus:** 1600 Holloway Ave, Onestop, SSB 1<sup>st</sup> Floor \* **Downtown Campus:** 835 Market Street, 6<sup>th</sup> Floor  
Petition may also be MAILED to: SF State Extended Learning, 835 Market Street, 6<sup>th</sup> floor, San Francisco, CA 94103

Name: _____	Student ID: _____
Address: _____	
City, State, Zip: _____	
Email: _____	Telephone: _____
Student Signature _____	Date _____

**I request the Following change/correction to my student record** (check all that apply):

**Name Change/Correction** (If you discover an error in your name, have remarried/changed your name.)

**OLD NAME:**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**NEW NAME:**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Please provide verification of new name by attaching a copy of a California ID, passport or marriage license.**

**Birth Date Correction** (If your record is missing a birth date indicate "None" on INCORRECT Birth Date below.)

**INCORRECT Birth Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**CORRECT Birth Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please provide verification of your correct Birth Date by attaching a copy of a California ID or passport.**

**I have more than one Student ID Number** (If known, please list your various Identification Numbers below.)

\_\_\_\_\_  
\_\_\_\_\_

**Please provide verification of correct Social Security Number by attaching a copy of your Social Security Card AND a California ID.**

**Social Security Number Correction** (If your record is missing a Social Security Number indicate "None" on INCORRECT Social Security Number below.)

**INCORRECT Social Security Number:** \_\_\_\_\_

**CORRECT Social Security Number:** \_\_\_\_\_

**Please provide verification of correct Social Security Number by attaching a copy of your Social Security Card AND a picture ID.**