



## University Identification Number (UIN) And Other Correction Form

*\*Documentation supporting the correct number must be submitted with this form.\**

INCORRECT  UIN  DOB  SSN

\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

CORRECT  UIN  DOB  SSN

\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

\_\_\_\_\_  
Name (Last, First, MI)

\_\_\_\_\_  
Date of First Enrollment

\_\_\_\_\_  
Local Address

\_\_\_\_\_  
Date Last Attended

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\* A copy of social security card or driver's license must be attached\***

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### FOR OFFICE USE ONLY

Currently enrolled:  Yes  No If No, was degree awarded:  Yes  No

Number verified and documentation attached:  Yes  No

Sent to Information Systems (if applicable)  Yes  No If Yes, Date Sent: \_\_\_\_\_

Banner corrected (Date/Initials): \_\_\_\_\_

Student folder corrected (Date/Initials): \_\_\_\_\_

Comments: \_\_\_\_\_