

F	or office use only
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## **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, date of birth, and gender. You may deliver the required documents in person to the Registrar's Office, Roseman 2032. You will be asked to show a government-issued photo ID when you present your documents. **Please note** that you may make changes to your address, e-mail, and telephone numbers through WINS using your user ID and password.

STUDENT NAME*			
LAST / FAMILY / SURNAME(S)	FIRST / GIVEN NAME(S)	MIDDLE NAME(S)	
LINAVAMULTENATED ID ALLIMDED*		TE OF DIDTUR	
UW-WHITEWATER ID NUMBER*	DA	TE OF BIRTH*	
	MO	NTH (MM) DAY (DD)	YEAR (YYYY)
DAYTIME PHONE NUMBER*	E-MAIL ADDRESS*		
			@
Discontinuity of the control of the			
Please indicate type of change and provi	de the required documenta	tion (if necessary).	
☐ Date of birth change or correction. A	acentable decumentation: his	th cortificate driver's license or pe	acanart
CORRECT DATE OF BIRTH	cceptable documentation. bit	INCORRECT DATE OF BIRTH	assport.
SOURCE BY THE OF BINNIN		INCORRECT BATE OF BIRTH	
MONTH (MM) DAY (DD)	YEAR (YYYY)	MONTH (MM) DAY (DD)	YEAR (YYYY)
Gender change or correction. Accept		t or medical/legal notice of chang	e and government-issued
photo identification. (Select correct gen	ider.)		
O Female			
O Male			
O Other			
☐ Home Address change or correction.	·		
NEW / CORRECT HOME ADDRESS		ICORRECT HOME ADDRESS	
STREET ADDRESS		REET ADDRESS	
CITY, STATE, ZIP CODE	CI	TY, STATE, ZIP CODE	
B		11 16 11 222 6	
By signing below, I confirm that the above information is true and correct and I accept full responsibility for submitting it to the University of Wisconsin – Whitewater Registrar's Office.			
of Wisconsin – Willewater Registral's Office	<del>.</del>		
Student signature*			Date*