



For Office Use Only

Posted By: _____ Date Posted: _____

Office of the Registrar

Biographical / Demographical Data Update Form

STUDENT INFORMATION

Student ID: _____ Name: _____
Last Name First Name Middle Name

Email: _____ Phone: _____

INFORMATION TO BE UPDATED

I am requesting the following information to be changed/updated:

Name Citizenship Status Tax Identification Number
 Social Security Number Date of Birth Race/Ethnicity

In accordance with Rice University policy, I am providing the following documentation to substantiate my request:

Valid picture ID
 ID type: _____

AND ONE OF THE FOLLOWING:

Social Security Card Divorce Decree
 Passport Tax Identification Number Letter
 Birth Certificate Other Court Order: _____
 Marriage License FAFSA Recorded SSN Verified by OTR Staff: _____
OTR Staff Member Signature

UPDATE INFORMATION

Please fill out only the portion of biographical or demographical information you wish to update.

<p><u>Name of Record</u></p> <p>Previous Name: _____ Updated Name: _____</p>	<p><u>Social Security Number / Tax Identification Number</u></p> <p>SSN/TIN on record: _____ Updated SSN/TIN: _____</p>
<p><u>Date of Birth</u></p> <p>Previous DOB (on record): _____ Updated DOB: _____</p>	<p><u>Citizenship Status</u></p> <p> <input type="checkbox"/> Citizen <input type="checkbox"/> Non-Citizen <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Permanent Resident </p>

Race/Ethnicity

Are you Hispanic/Latino? Yes, Hispanic or Latino (including Spain) No

Regardless of your answer to the previous question, select one or more of the following ethnicities that best describe you.

American Indian or Alaska Native (including all Original Peoples of the Americas)
 Are you enrolled? Yes No If Yes, please list Tribal Enrollment Number: _____
 Asian (including Indian subcontinent and Philippines) Native Hawaiian or Other Pacific Islander (Original Peoples)
 Black or African American (including Africa and Caribbean) White (including Middle Eastern)

Please describe your background: _____

SIGNATURE

After completing this form, sign below and return it (in person) with valid documentation to Office of the Registrar, 116 Allen Center.

Student Signature: _____ Date: _____