Office of the Registrar
University of Michigan – Flint
266 University Pavilion, 303 E. Kearsley
Street, Flint, MI 48502
Phone: (810) 762-3344 Fax: (810) 762-3346

CHANGE REQUESTED: NAME ☐ ADDRESS ☐ SOCIAL SECURITY NUMBER ☐ DATE OF BIRTH ☐ PREFERRED NAME ☐

Name: _____ Student UMID: _____

Preferred Name: _____ ☐ Remove Preferred Name
To be displayed on class rosters & unofficial documents

Date of Birth: _____ Telephone: _____

Signature _____ Date: _____/ _____/ _____

NOTE: *If you are a student employed by the University, you must also contact Human Resources to update your address.*

NAME CHANGE (COPY OF DRIVERS LICENSE or GOVERNMENT ISSUED PHOTO ID REQUIRED)
If you wish to have your name changed on your U of M Email account please contact ITS Help Desk

New Name: _____
Last First Middle Name or Initial
Previous Name: _____
Last First Middle Name or Initial

Local Mailing Address: (COPY OF DRIVERS LICENSE or GOVERNMENT ISSUED PHOTO ID REQUIRED)

Valid from: _____/ _____/ _____ Until This Date: _____/ _____/ _____

Address: _____

City/State/Zip: _____

Primary Phone Number for This Address: _____

Permanent Address:

Address: _____

City/State/Zip/Country: _____

Home Phone: _____ Mobile Phone: _____

*Home Email Address: _____@_____
please note the University does all correspondence through the University Email Account

SOCIAL SECURITY NUMBER CHANGE /CORRECTION (COPY OF SIGNED SOCIAL SECURITY CARD REQUIRED)

Former Social Security Number
_____/_____/_____

New/Correct Social Security Number
_____/ _____/ _____

DATE OF BIRTH CORRECTION (COPY OF DRIVERS LICENSE or GOVERNMENT ISSUED ID REQUIRED)

Former Date of Birth
_____/ _____/ _____

New/Correct Date of Birth
_____/ _____/ _____