



## STUDENT SOCIAL SECURITY NUMBER CORRECTION REQUEST

This form is used to request a correction to the social security number on file with the Office of the Registrar. Students must present a signed Social Security Number Correction Request form along with the following appropriate original documentation to the Office of the Registrar. All forms used for Personal Information Updates must be completed in blue or black ink and may not contain any scribbled or marked out data.

We require the following documentation:

- \*valid state or U.S. government issued photo identification **AND**
- the original **or** \*notarized copy of the student's social security number (actual card, not a letter from the Social Security Administration)

**\*NOTE:** All copies must be notarized by a commissioned notary and accompanied by the affidavit included with the Social Security Number Correction Request form. Color copies of documentation are preferred. While notarized copies are accepted for specific situations listed above, the College of Charleston reserves the right to demand production of a certified original or color copies at the sole discretion of the University Registrar (or University Registrar's designee). All requests may be subject to review by the Office of Legal Affairs (OLA).

**NOTICE:** Identification theft is taken seriously by the College of Charleston and will be prosecuted to the fullest extent available under law. Completed forms and documentation must be submitted in person by the individual requesting the change or via postal mail, no exceptions. The College of Charleston reserves the right to request further evidence to authenticate identity for all social security number correction requests.



**STUDENT SOCIAL SECURITY NUMBER CORRECTION REQUEST**

**Student Status**

I am a currently enrolled student.       I am a former student.

**Student Name (please print clearly)**

|      |       |        |
|------|-------|--------|
| Last | First | Middle |
|      |       |        |

**CofC ID (CWID)**

**Date of Birth**

|  |  |
|--|--|
|  | ____/____/____<br>MM      DD      YYYY |
|--|--|

**Student Contact Information**

|  |                      |
|--|----------------------|
| Email Address (current students must use their college-issued email) | Daytime Phone Number |
|  |                      |

**Corrected SSN to be filed with the Office of the Registrar (please print clearly)**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*By my signature below, I hereby attest and certify that all the information and documentation provided by me for this Social Security Number Correction Request is correct and complete. I understand the College of Charleston reserves the right to request further evidence to authenticate my identity or require production of a certified original of a document at the sole discretion of the University Registrar (or University Registrar's designee).*

**Signature**

**Date (MM/DD/YYYY)**

|  |   |
|--|---|
| <p><b>RO OFFICE USE ONLY</b></p> <p><b>Documentation Provided (check all that apply)</b></p> <p><input type="checkbox"/> Valid photo ID</p> <p><input type="checkbox"/> Social Security Card</p> <p><input type="checkbox"/> Notary commission validated</p> | <p>Approved by: _____ (RO Official Initials)</p> <p>Processed by: _____ (RO Staff Initials)</p> <p>Date: ____/____/____</p> |
|--|---|

**AFFIDAVIT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_ (*Document Holder*), holder of \_\_\_\_\_ (*Name of Documents*), consisting of \_\_\_\_ pages, do hereby swear/affirm, and attest that it is a true, exact, complete and unaltered photocopy of the original. To the best of my knowledge and belief, the photocopied document is not a public record, of which certified copies are available from an official source.

\_\_\_\_\_  
Signature of Affiant

Sworn to (or affirmed) and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Official Signature of Notary

(Official Seal)

\_\_\_\_\_, Notary Public

Notary's printed or typed name

\_\_\_\_\_ County,

\_\_\_\_\_ (State)

My commission expires: \_\_\_\_\_

*\*The county listed at the top of the affidavit is the county where the notarization is taking place. The county near the notary's signature is the notary's county of residence.*