



Return to:

Indiana University of Pennsylvania
Office of the Registrar

Clark Hall
1090 South Drive
Indiana, Pennsylvania 15705
Phone: (724) 357-2217 Fax: (724) 357-4858

STUDENT IDENTIFICATION (SOCIAL SECURITY) NUMBER CHANGE FORM

Last Name _____ First _____ MI ____ Date of Birth: _____

Banner Student ID#: @ _____

Please make the following change:

- Social Security Number Correction**
- Duplicate Social Security Number Correction (For National Student Clearinghouse purposes.)**

Social Security numbers are maintained for student employment and Federal Financial Aid processes. I understand that my entire student record will be transferred.

Social Security Number ____ - ____ - ____.

It is required that you provide legal documentation for your Social Security number change. If mailing this form, please send a copy of your Social Security card showing the correct number.

Student Signature

Date

Print your name here.

****Federal law requires that the student sign and date this request.****

For Office Use Only: