

# STUDENT DATE OF BIRTH CORRECTION REQUEST

This form is used to request a correction to the date of birth on file with the Office of the Registrar. Students must present a signed Date of Birth 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:

- o \*valid state or U.S. government issued photo identification AND
- $\circ$  the original or \*notarized copy of the student's birth certificate OR
- the original or \*notarized copy of the student's valid U.S. passport (if non-U.S. passport is provided, a copy of the student's U.S. visa document is also required)

**\*NOTE:** All copies must be notarized by a commissioned notary and accompanied by the affidavit included with the Date of Birth 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 date of birth correction requests.



## STUDENT DATE OF BIRTH CORRECTION REQUEST

### Student Status

I am a currently enrolled student.

I am a former student.

As of \_\_\_\_\_\_ [date MM/DD/YYYY], I hereby request that my date of birth be corrected on my official College of Charleston records as follows:

#### **Student Name** (please print clearly)

Last	First	Middle

CofC ID (CWID)	OR Social Security Number (Last 4 Digits)	

### **Student Contact Information**

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

### Date of Birth

Incorrect Date of Birth	Correct Date of Birth
//	//
MM DD YYYY	MM DD YYYY

By my signature below, I hereby attest and certify that all the information and documentation provided by me for this Date of Birth 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)

RO OFFICE USE ONLY	Approved by: (RO Official Initials)
Documentation Provided (check all that apply)	Processed by: (RO Staff Initials)
□Valid photo ID □Birth Certificate	
Passport/Visa Expiration:/	Date://
□Notary commission validated	

# <u>AFFIDAVIT</u>

State of	
County of	
On this day of, 20, I, ( <i>Name of Documents</i> ), consisting of that it is a true, exact, complete and unaltered photocopy of the original. To the photocopied document is not a public record, of which certified copies are available	pages, do hereby swear/affirm, and attest best of my knowledge and belief, the
	Signature of Affiant
Sworn to (or affirmed) and subscribed before me this the day of	, 20
	Official Signature of Notary
(Official Seal)	Noton, Dublia
	, 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.