

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA Registrar's Office

CHANGE OF INFORMATION FORM

		cial name, social secur s Office along with offic		•		•			
		limited to a copy of a g or processing. Upload							
secure file uplo	ad system:			-			-		
	t may update their p you want to make the	ersonal information i	ncluding	Address, phone nui	mber, Preferred n	ame, and e	mail address v	ia BroncoDirect	
	-	SSN Update			tion Undate (nhone	number er	nail address)		
Primary Name Change Birthdate Update		Gender	Contact Information Update (phone number, email, address)						
		—							
Current Nan	ne Listed on CPF	PRecords:							
First Name:		Middle Na	ime:			Last Name:			
Bronco ID:		CPP e-ma	ail:		@cpp.edu	Phone:			
Check the Bo	ox Next to the Inform	nation to be Changed	:						
Legal/Primary Name Change: Check Reason for Change and Provide Legal Documentation: Effective Date:									
	🗌 Marriage/Divorce 🔲 Naturalization 🗌 Legal Name Change 🔲 Correction of Erro					Other (Please Specify):			
First Name:		Middle Na	ime:			Last Name:			
lf vou would like	e to make vour Preferre	d Name the same as you	r Primarv N	Name. please check this	box 🗌				
Social Security Number: Check Reason for Change and Provide a copy of your Social Security or Taxpayer ID card Contact Student Account and Financial Aid to discuss the impact of the change.									
Correction of Error New Social Security Number New Taxpayer ID Number									
Check this box if you are an International student and wish to receive a 1098T tax form. You must also provide your SSN or ITIN. Current Number on Record: New Number:									
Date of	Birth: Provide a cop	/ of your current Driver			ertificate.	Ā	/ / /onth Day Yea	r	
Gender:	Female 🗌 Male	Non-binary/Third	l Gender	Prefer to self-de	escribe	□ P	refer not to disc	lose	
Personal Email Update: New Email Address:									
Phone Number Update: New Phone#:									
Address	s Update: New A	ddress:							
		Street		Cit	У	State	Zip Code	county	
STATEMENT OF REQUEST I certify that I am not employed by ANY organization at Cal Poly Pomona.									
STUDENT SIGNATURE: DATE:									
			FOR	OFFICE USE ON	ILY				
Date Received	Proc	essed By:	Proof:		nse 🗌 State/Federa	al ID			
	e: Student Group Code (· <u> </u>		Other:					
Yes		,							