



FRESNO STATE

California State University, Fresno

Student Information Update Form

**Admissions, Records and Evaluations
5150 North Maple Avenue, Fresno, CA 93740-8026**

Student ID: _____

Daytime Phone #: _____

Check all boxes that apply:

Name: (As Shown on File)

First

Middle

Last

First

Middle

Last

Current Legal Name As Shown on Social Security Card (Attach Copy)

Social Security Number:

____-____-____
As Shown On File

____-____-____
Current Number As Shown on Social Security Card (Attach Copy)

Birthdate:

____/____/____
MM/DD/YYYY
As Shown On File

____/____/____
MM/DD/YYYY
As Shown on Current Driver's License (Attach Copy)

Gender:

Male Female -- As Currently Shown on File

Male Female -- As Shown on Current Driver's License (Attach Copy)

Student Signature

Date

FOR OFFICE USE ONLY

First Semester: _____

Currently Enrolled: _____

System Updated: _____

Updated By: _____

Date: _____

Jacket Status: _____

Checklist: _____