



**YOUNGSTOWN  
STATE  
UNIVERSITY**

**Mailing Address:** Youngstown State University  
Attn: Office of Records  
One University Plaza  
Youngstown, OH 44555

## Student Change of Information Form

**FULL NAME:** \_\_\_\_\_ **YSU ID:** \_\_\_\_\_  
**or LAST 4 OF SSN:** \_\_\_\_\_

(First, Middle, Last)

To request that your academic record be changed:

- Complete only the items you are requesting to change
- Provide a valid State or Federal issued photo ID (i.e. driver's license or passport)
- Attach legal document(s) supporting the change(s) when necessary

Completed form and required documentation can be faxed (330-941-3154), mailed, emailed to [onestop@ysu.edu](mailto:onestop@ysu.edu), or submitted in person to the Penguin Service Center, second floor Meshel Hall.

### I WOULD LIKE TO:

☐ **Change my ADDRESS and/or PHONE NUMBER to now appear on record as:**

PERMANENT ADDRESS:	MAILING ADDRESS: (if different than permanent address)
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
Permanent Phone Number	

☐ **Change my NAME to now appear on record as:**

First Name	Middle Name/Initial	Last Name
One of the following additional documents must be attached to process change: <input type="checkbox"/> Court Order <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage License <input type="checkbox"/> Divorce Decree		

**Preferred First Name:** If you wish to change your preferred first name, you can do this in the Penguin Portal under the e-Services for Students section. Select "Access My Student Information," then select the Personal Information tab, then select "View/Update Personal Information."

\*Preferred name will appear in place of legal name on Penguin Portal, Blackboard, and CRM Advise. No documentation required.\*

☐ **Change my LEGAL SEX to now appear on record as:**    ☐ MALE    ☐ FEMALE

- One of the following documents must be attached to process change:
- ☐ Court order or birth certificate legalizing the change
  - ☐ Letter of Support from qualified mental health professional
  - ☐ Bureau of Motor Vehicles Declaration of Gender Change
  - ☐ Pre- or- post-operative documentation from qualified health care provider

**I affirm that the information provided on this form is complete and true. I hereby authorize Youngstown State University to update the above changes to my record.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### For Office Use Only:

- ☐ Changed in Banner (Gender Change, SPAIDEN - More Information)
- ☐ Scanned to Banner via BDMS
- Documentation Attached:**
- ☐ Copy of valid photo ID
- ☐ Copy of legal document(s) supporting the change(s) when necessary

Rev. 11/2/22

**Processed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_