

Student Record Update Request

Return completed forms to the UW-Independent Learning Registrar's Office at Registrar@uwex.wisconsin.edu or return via USPS to University of Wisconsin-Extension - Office of the Registrar - 780 Regent Street - Madison, WI 53715.

Name (Last, First, Middle Initial)	Birth Date (mm/dd/yyyy)	
*Name while enrolled/previous name(s)	Phone Number, including area code	
Current Street Address	City, State, Zip	Country
Email Address		

To update the information fields below, please submit legal proof of these corrections along with this request

- ✓ **NAME Changes** - submit a copy of your marriage certificate or court order AND a photo ID
- ✓ **BIRTH DATE Corrections** - submit a current copy of your driver's license or state ID

Provide all information for the specific update/correction request(s) below:

NEW/CORRECTED: Legal Name (Last, First, Middle Initial)	
NEW/CORRECTED: Address	
<hr/> Street Address, including apartment number if applicable	
<hr/> City, State, Zip Country	
NEW/CORRECTED: Phone Number	NEW/CORRECTED : Email Address
	NEW/CORRECTED: Birth Date

I am requesting that my student record be updated as indicated above. I have provided the appropriate supporting documentation, where necessary, and understand that my information will be changed only as indicated by me.

Student Signature (must be the student's signature; typed signatures not accepted)

Date

This section is for office use only:

Received by: _____ Date: _____ Processed by: _____ Date: _____