



STUDENT DEMOGRAPHIC UPDATE FORM
ARIZONA STATE UNIVERSITY
UNIVERSITY REGISTRAR SERVICES

ASU ID NUMBER: _____	NAME (LAST, FIRST, M.I.): _____
PHONE: _____	EMAIL: _____
STATUS (Check each applicable box): <input type="checkbox"/> Currently enrolled at ASU <input type="checkbox"/> Applying for ASU readmission <input type="checkbox"/> New incoming ASU student <input type="checkbox"/> Applied for ASU Graduation <input type="checkbox"/> Currently employed at ASU (see below note)* <input type="checkbox"/> F1 / J1 Student (see below note) **	
*Please note, students who are currently employed at ASU must submit all changes through ASU Human Resources. **Students with F1 or J1 Visa status must process these changes through the International Students and Scholars Center.	

I am submitting the following information to update:

<input type="checkbox"/> SOCIAL SECURITY NUMBER (Signed Social Security card or Tax Identification Number card with Driver's License or Photo ID required) NUMBER CHANGE REQUESTED: _____
<input type="checkbox"/> DATE OF BIRTH (Birth certificate with Driver's License or Photo ID required) DATE CHANGE REQUESTED: _____
<input type="checkbox"/> ETHNICITY OR RACIAL BACKGROUD (No documentation required) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
<input type="checkbox"/> CITIZENSHIP (Valid Birth Certificate with Photo ID or Passport required) COUNTRY OF CITIZENSHIP: _____
<input type="checkbox"/> VISA OR PERMIT DATA (Valid Visa documentation with Driver's License or Photo ID required) VISA OR DATA CHANGE REQUESTED: _____ F1/J1 status cannot be updated via this process – please see ** above for details.
By submitting these documents, I certify that all the information supplied by me is correct and complete, and I understand that any misrepresentation or falsification is sufficient cause for cancellation of enrollment and/or any credits earned and could result in other disciplinary action.
Signature: _____ Date: _____

Instructions:

1. All requests require:
 - a. student's signature
 - b. picture identification (if submitting via mail or fax, include a copy of picture identification. Please keep in mind that faxed photos are not always legible.)
2. Students may submit a Student Demographic Update Form to:

	<u>Downtown campus</u>	<u>Polytechnic campus</u>	<u>Tempe campus</u>	<u>West campus</u>
In person: (Bring photo ID)	University Center (UCENT) Suite 130 602-496-4372	Administration Building ADMIN 480-727-1142	Student Services Bldg. (SSV) Rm. 140 480-965-3124	University Center Bldg. (UCB) Rm. 101 602-543-8203
By mail: (Include legible copy of photo ID)	University Registrar Services 411 N. Central, Suite 130 Phoenix, AZ 85004-2142	University Registrar Services 5990 S Sterling Mall Mesa, AZ 85212	University Registrar Services PO Box 8703 12 Tempe, AZ 85287-0312	University Registrar Services PO Box 37100 Phoenix, AZ 85069
By fax: (Include legible copy of photo ID)	602-496-0376	480-727-1008	480-965-7722	602-543-8312

All of the information on this form is confidential and in compliance with the Family Education Rights and Privacy Act of 1974.