



Request for Change of Record

Office of the Registrar

Student Information			
Last Name (Currently on Record)	First Name (Currently on Record)	Middle Name / Initial	Suffix
Name Change			
☐ Marriage Name Change	☐ Divorce Name Change	☐ Legal Name Change	☐ First Name Change ☐ Middle Name Change
Documentation Required for Name Changes: Marriage – Copy of marriage certificate, marriage license, court entry, or valid U.S. passport*. AND updated SS card or government issued ID Divorce – Copy of Divorce Decree, court entry, order of legal name change, or valid U.S. passport* AND updated SS card or government issued ID Legal Name Change – Court order of legal name change or valid U.S. passport* AND updated SS card or government issued ID First Name Change (ex. From variation to legal name) – Copy of birth certificate or valid U.S. passport*. Add or Change Middle Name/Initial – Copy of birth certificate or valid U.S. passport*. *If non - U.S. passport is provided, a copy of your U.S. visa document is also required. Documentation must be in English or have a translation on the form.			
NEW Last Name	NEW First Name	NEW Middle Name / Initial	Suffix
Social Security Number Change			
Requests for changes to your Social Security Number must be returned in person. Please do not fax or email Social Security Number requests.			
☐ Social Security Number Change			
Documentation Required for Social Security Number Changes: Copy of Social Security Card.			
INCORRECT Social Security Number		CORRECT Social Security Number	
Date of Birth Change			
☐ Date of Birth Change			
Documentation Required for Date of Birth Changes: Copy of birth certificate or valid U.S. passport*. *If non-U.S. passport is provided, a copy of your U.S. visa document is also required. Documentation must be in English or have a translation on the form.			
INCORRECT Date of Birth (MM/DD/YYYY)		CORRECT Date of Birth (MM/DD/YYYY)	
Change of Billing Address			
Address		Apt./Suite Number	
City	State	Zip Code	
Certification			
☐ I have included all requested documentation.			
☐ I affirm that the information provided on this form is complete and true.			
☐ I understand that I am subject to Burrell College of Health Sciences Code of Student Conduct and that furnishing false information on this form may result in cancellation of admission or registration, or both.			
Signature		Date	
Return form to: Office of the Registrar, 3501 Arrowhead Drive, Las Cruces, NM 88001 Fax to: 575-674-2267 Email to: Registrar@burrell.edu (Do not fax/email Social Security Number Changes)			
THIS SECTION TO BE COMPLETED BY THE OFFICE OF THE REGISTRAR			
☐ Approved		☐ Denied	
Office of the Registrar Signature		Date	
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