 Office of the Registrar

PO Box 4103

Flagstaff, AZ 86011

928-523-5490

Fax: 928-523-1414

[Registrar.Enrollment@nau.edu](mailto:Registrar.Enrollment@nau.edu)

**Changes to Student Information**

Please write clearly to avoid any delays in processing your request.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name (First MI Last):** | | |  | | **Student ID #:** | |  |
| **Mailing Address:** | |  | | **City, State, ZIP:** | | |  |
| **Phone #:** |  | | | **Email:** | | @nau.edu | |

I would like to:

**Change my date of birth:**

You must attach a copy of your birth certificate, a driver’s license, a passport, or visa showing your correct date of birth.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| My correct date of birth is: | | | | | |
| Month: |  | Day: |  | Year: |  |

**Change my gender:**

You must attach a copy of your birth certificate, a driver’s license, a passport, a visa, a letter from a health care provider, or legal paperwork showing your correct gender.

Change my gender to:  Male  Female

Submit this completed form and supporting documentation directly to the Registrar’s Office for processing. Documentation that is not legible will cause a delay in the processing of your request.

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