

Request to Update Social Security Number

Student Name:

(Last Name)

(First Name)

(Middle Initial)

Student ID:

(Include the M in your UCID #)

Please update my academic record at the University of Cincinnati to reflect the following information:

Social Security Number (SSN) :
(U.S. Citizens/Permanent Residents)

By submitting this form to the University of Cincinnati you are certifying that the SSN information noted above is correct and accurately reflects your current SSN.

Student Signature

Date

Fax to: (513) 556-5708

- OR -

Mail to: Office of the Registrar
University of Cincinnati
PO Box 210060
Cincinnati, OH 45221-0060



NOTE: E-mail is not secure. Please do not e-mail this completed document to any UC office.

