



Bio-demographical Information Update/Change Form

PRINT THIS PAGE AND SEND TO:

Academic Records Office | Williston State College | 1410 University Avenue Williston, ND 58801
701.774.4211 (f) | wsc.records@willistonstate.edu

DATE:	
STUDENT NAME:	ID:
WSC EMAIL ADDRESS:	
ADDRESS:	
PHONE NUMBER:	

Please indicate what information needs to be updated on your record at Williston State College. Information cannot be updated unless necessary documentation is provided with this form.

Change of Gender: Male Female Unknown

Incorrect Date of Birth

(Please provide an updated copy of your driver's license or a photo ID)

Name spelling correction

(Please provide an updated copy of your driver's license or a photo ID)

Incorrect Social Security Number

(Please provide an copy of your social security card)

Missing Social Security Number

(Please provide a copy of your social security card or complete an [IRS W-9S](#))

Change of Address

Please indicate which addresses you are needing updated:

all on file Home Mailing Permanent Parent

I understand that this information will only be updated if proper documentation is provided.

Student's Signature

Date

Office Use Only

Date Submitted _____

Verified by: _____

Date Processed _____

Processed By _____