

2025-2026 Address, Name, Social Security Number Change Form

A. Student's Information

Student's Last Name	Student's First Name	Student's M.I.	Student's ID Number
Student's Date of Birth		Student's Email Address	
Student's Home Phone Number (include area code)		Student's Alternate Cell Phone Number	

B. Please change Briar Cliff University records to reflect my new/corrected:

- Address (Complete Box A)
 Name (Complete Box B)
 Social Security Number (Complete Box C)

<p>Box A: Address Change New Address:</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City State Zip</p>		
<p>Box B: Name Change <u>Legal documentation required:</u> Marriage Certificate, a Court Order, or a Dissolution Decree certifying the name change, and a picture ID. A change of name must be completed with the Social Security Administration prior to changing a name with Briar Cliff University. A copy of the new Social Security card must accompany this form.</p> <p>Former Name:</p> <p>_____</p> <p>Last First Middle</p> <p>New Name:</p> <p>_____</p> <p>Last First Middle</p>		
<p>Box C: Social Security Number Change If your social security number is incorrect, you must provide a signed social security card and a photo ID. Please bring a photocopy of one of these documents, a copy of a photo ID, address, name, social security card, and this completed form to the Financial Aid Office.</p> <p>_____</p> <p>Former/Incorrect Social Security Number New/Corrected Social Security Number</p>		

C. Certification and Signature

I certify that all of the information reported on this worksheet is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student's Signature (Required)

Date

Do not mail this worksheet to the U.S. Department of Education.
Submit this worksheet to the financial aid administrator at your school.

Briar Cliff University
Attn. Office of Financial Aid
3303 Rebecca St.
Sioux City, IA 51104

Financial.Aid@briarcliff.edu