



STUDENT SOCIAL SECURITY & ID CORRECTION FORM

Current Information

Name _____
Last *First* *MI*

FIT ID Number (or Social Security Number) _____

Date of Birth _____ / _____ / _____

Current Address: _____

Phone Number: _____

Email Address: _____

Copies of your Social Security Card must be
attached in order to make the change requested .
NO CHANGES WILL BE MADE WITHOUT PROPER DOCUMENTATION.

Social Security Number Change

Old or Incorrect Number _____ - _____ - _____

New or Correct Number _____ - _____ - _____

PLEASE NOTE: Faculty and staff must contact Human Resources before attempting to make a Social Security Number change.

I have provided the appropriate documents and authorize FIT to make the changes listed above.

Student Signature _____ Date _____

Office Use Only

Date Completed _____ / _____ / _____

Staff Initials _____