



**SAN FRANCISCO
STATE UNIVERSITY**

OFFICE OF THE REGISTRAR

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STUDENT ID NUMBER CHANGE REQUEST

LAST NAME: _____

FIRST NAME: _____

MIDDLE: _____

INCORRECT NUMBER: _____

CORRECT NUMBER: _____

STUDENT SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

_____ CROSS REFERENCED ON KEYFILE

_____ ROS: COMBINE RECORD UNDER SFSU ID#: _____

ROS SIGNATURE _____ DATE: _____

Notes: This form will be processed within 7-10 business working days.

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