Office of Financial Aid
3303 Rebecca St.
Sioux City, IA 51104
(712) 279-5530
Financial.Aid@briarcliff.edu

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)

Box A: Address Change
New Address:

Street Address

City | State | Zip

Box B: Name Change
Legal documentation required: 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.

Former Name:

Last | First | Middle

New Name:

Last | First | Middle

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.

Former/Incorrect Social Security Number | New/Corrected Social Security Number

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.

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