



UCCS Student, Faculty, and Staff Biodemographical Information Update

Complete and submit this form with supporting documentation to the Office of the Registrar using the contact information above. Please do not e-mail any documentation containing sensitive, personally identifiable information. **Note:** Faculty and staff; please be sure to make sure your record is up-to-date with Human Resources as well. This form is used to update your biodemographical data in Campus Solutions/CU-SIS.

Part I— Information as it currently appears in your staff or education record/ yUCCS Portal

First Name _____ Middle Name _____ Last Name _____ Student ID# or DOB _____

Part II—Information that you are requesting to update. Check all that apply and include relevant supporting documents.

| Information as it currently appears: | How information should appear after update: | Include ONE form of documentation (check appropriate box and attach copy): |
|--|--|--|
| Birthdate () ____/____/____ | Birthdate (mm/dd/yyyy): ____/____/____ | Valid State-Issued ID/Driver's License Passport Court Documents Birth Certificate |
| Citizenship _____ | Citizenship _____ | Passport Court Documents Naturalization Certificate |
| Name First: _____ Middle: _____ Last: _____ Preferred First: _____ | Name First: _____ Middle: _____ Last: _____ Preferred First: _____ | Changes in Preferred Name do not require supporting documentation. Valid State-Issued ID/Driver's License Military ID Card Passport Court Documents Birth Certificate |
| Gender Male Female Non-binary/Intersex | Gender Male Female Non-binary/Intersex | Valid State-Issued ID/Driver's License Passport Court Documents Birth Certificate * Gender identity can be updated in the myUCCS portal |
| Ethnicity: _____ | Ethnicity: _____ | Requests to change ethnicity and contact information do not require supporting documentation. |
| Address (Check all that apply): Mailing Address Home Address Local Address Diploma Address | | |
| Street/PO Box _____ | | |
| City _____ State _____ ZIP _____ Country _____ | | |
| Phone Number Home Cell Work E-Mail Address _____ () _____ | | |

Part III—Signature Required (if Name Change, must sign with new legal name)

Student Signature _____

Date _____