

Request for Date of Birth Correction

Student First N	lame	Student Last Name		Kean ID Number
Email Address			Phone Number	
Address				
		_		
City		State		Zip Code
Instructions	s:			
		-t		
2. Make	plete this form with the request e an electronic copy (scan) of	your birth certificate.		
3. Retu	rn this form and birth certificat	te via email to the Off	ice of the Registrar a	ıt regme@kean.edu.
	This is to certify that the fol	lowing Date of Birth _		is
	correct and the Birth Certifi	cate provided has be	en issued by the Soc	cial Security
	Administration.			
	Ohodowika Cima			<u> </u>
	Student's Signature		Date	