

## **Social Security Number Correction Request**

This form is to be used by individuals to correct their Social Security Number within Kean University's student records.

First Name	Last Name	Kean University ID Number
		@kean.edu
Date of Birth	Kean Email Address	Phone Number
Instructions:		
1. Complete this form wit	h the requested information.	
<ol><li>Make a copy (scan) of Administration.</li></ol>	your current Social Security	card issued by the Social Security
	opy of your current Social Sequired document to regme@k	curity card to the Office of the Registrar or sean.edu.
This is to certify the Social Se Security Administration.	curity Number below is corre	ect and has been issued by the Social
		Date

Please deliver this completed form, along with the required documents, to the Office of the Registrar/One Stop Service Center or email this form and required documents to regme@kean.edu.

OFFICE USE ONLY:				
Completed By:	Date Completed:	Form Revised:		
		10/30/24		