

Personal Information Change Request Form 340

OFFICE OF THE
REGISTRAR FORM 340
(10/2025) PURDUE
UNIVERSITY

PUID	First Name	Middle Name	Last Name
Change From:		Change To:	

Type of Change-Check Appropriate Item(s)

Student ID Number	Social Security Number
Name	Country of Citizenship
Date of Birth	
Legal Sex Marker	

By my signature below, I acknowledge that the responsibility for verifying and ensuring the authenticity of the signer rests with the individual submitting the file.

Signature of Student

Date