

**Request for Change  
Birthdate**

Today's Date: \_\_\_\_\_ Last Term Enrolled: \_\_\_\_\_

Name (*print*): \_\_\_\_\_ ID: \_\_\_\_\_

Address (*street, city, state, zip*): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Submit the required documentation to Registrar's Office, UW-Whitewater, 800 West Main, Whitewater, WI 53190

**REQUESTS RECEIVED WITHOUT PROPER DOCUMENTATION WILL NOT BE PROCESSED**

\_\_\_\_\_ **Birthdate Change** to: \_\_\_\_\_

Requires Copy of Signed photo ID with birthdate **OR**  
Copy of Signed photo ID without birthdate, plus copy of birth certificate

Your signature: \_\_\_\_\_ **REQUIRED**

Have questions? Contact us via phone (262-472-1580) or email [Registrar@uww.edu](mailto:Registrar@uww.edu)

Birthdate Change  
April 2009