

Social Security Number (SSN) Update Request

Complete the Following

Last Name: _____ First Name: _____ Middle Name: _____

USC ID: _____ Date of Birth: _____

Dates of Attendance: From - _____ To - _____

Phone: _____ Email: _____

Incorrect ID Number: _____

Correct ID Number: _____

Student Signature: _____ Date: _____

Submission Directions

Return this document along with the required documentation to the Office of the University Registrar. You may email this form and your documentation to RECBUILD@mailbox.sc.edu, mail it to the address below, or fax it to the phone number below.

NOTE: A copy of the Social Security card must be attached to this request.