Clark Hall
1090 South Drive
Indiana, Pennsylvania 15705
Phone: (724) 357-2217   Fax:(724) 357-4858

Indiana University of Pennsylvania
Office of the Registrar

BIRTH DATE CORRECTION REQUEST

Last Name _____   First _____   MI ___   Date of Birth: _____

% D Q Q H U   , '   # B B B B B B B B B B B B B B B B B B B B B B B B B

<u>Date of Birth</u>:

Month _____   Day _____   Year _____

It is required that you provide legal proof of your Date of Birth, by providing a copy of <u>one</u> of these documents:

...Driver's License   ...Birth Certificate

*** Your signature is required for processing. ***

Student Signature _____   Date _____

For Office Use Only:

Date Processed: _____   Processed by: _____