

KEAN UNIVERSITY  
Office of the Registrar

**REQUEST FOR DATE OF BIRTH CORRECTION**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**INSTRUCTIONS:**

1. Fill in the requested information
2. Attach a copy of your birth certificate to this form.
3. Return this form to the Office of the Registrar.

This is to certify that the following Birth date \_\_\_\_\_

is correct and has issued by the Social Security Administration.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Email address \_\_\_\_\_

Mobile \_\_\_\_\_