DATE OF BIRTH CORRECTION REQUEST

This form is used to request a correction to the date of birth on file with the Office of the Registrar.

We will accept the following legal documents:
- Valid Driver’s License with updated DOB -- copies must be notarized by a commissioned notary using the attached affidavit.
- Valid Passport with updated DOB -- copies must be notarized by a commissioned notary using the attached affidavit.

In-Person Option: Complete and sign this form. Present this form, one of the legal documents above (original or photocopy and the attached affidavit that has been signed and completed by a commissioned notary), and one form of government-issued photo-identification in person to the Office of the Registrar | 160 Calhoun Street | Lightsey Center Suite 281 | Charleston | SC | 29401. RO office hours are M-F 8:30 am – 5:00 pm.

Postal Mailing Option: Complete and sign this form. Submit this form by mail, along with a photocopy of one of the legal documents above and the attached affidavit that has been signed and completed by a commissioned notary, to the College of Charleston | Office of the Registrar | 66 George Street | Charleston | SC | 29424.

Student Name (please print clearly)

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

CofC ID (CWID) -- OR -- Social Security Number (Last 4 Digits)

<table>
<thead>
<tr>
<th>CofC ID (CWID)</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Contact Information

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Birth

Correct Date of Birth

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

I certify that all the information provided by me on this form is correct and complete.

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

Signature

Date

<table>
<thead>
<tr>
<th>Driver’s License</th>
<th>Passport</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expiration:</td>
<td>Expiration:</td>
</tr>
<tr>
<td>Month / Year</td>
<td>Month / Year</td>
</tr>
</tbody>
</table>

RO Office Use Only

Processed by: ________ (RO Staff Initials)

Date: __________ / __________ / __________

Month Day Year

☐ Driver’s License

☐ Passport

Last Updated: 5.24.2017
AFFIDAVIT

State of ____________

County of __________

On this _____ day of ___________________, 20____, I, _____________________ (Document Holder), holder of ____________________________ (Name of Documents), consisting of _____ pages, do hereby swear/affirm, and attest that it is a true, exact, complete and unaltered photocopy of the original. To the best of my knowledge and belief, the photocopied document is not a public record, of which certified copies are available from an official source.

_________________________________

Signature of Affiant

Sworn to (or affirmed) and subscribed before me this the _____ day of _______________, 20_____.

________________________________

Official Signature of Notary

(Official Seal)

____________________, Notary Public

Notary’s printed or typed name

___________ County,

___________ (State)

My commission expires: ____________

*The county listed at the top of the affidavit is the county where the notarization is taking place. The county near the notary’s signature is the notary’s county of residence.