



UPDATE CITIZENSHIP, DOB, SSN/ITIN

A current student may update citizenship, date of birth and SSN/ITIN by completing this form.

Name: _____
(Last name) (First name) (Middle name)

Email Address: _____ Mobile Telephone: _____

Program of Study: _____

Check which of the following you wish to update:

_____ **Citizenship**

In order to update citizenship, at least one document from each category in the following list must be submitted with this form. The documents must include the current legal name.

Category 1

Certificate of Citizenship
Naturalization Certificate
U.S. Passport

Category 2

Driver's License
Government Issued Photo ID
MCW ID

_____ **Date of Birth**

In order to update date of birth, at least one document from each category in the following list must be submitted with this form. The documents must include the current legal name.

Category 1

Birth Certificate
U.S. Passport

Category 2

Driver's License
Government Issued Photo ID
MCW ID

_____ **SSN/ITIN**

In order to update SSN or ITIN, at least one document from each category in the following list must be submitted with this form. The documents must include the current legal name.

Category 1

SSN Card
ITIN Card

Category 2

Driver's License
Government Issued Photo ID
MCW ID

I verify the submitted documents are true and correct copies of the original documents.

Signature: _____ Date: _____

Return this **signed** form to:
Medical College of Wisconsin
Office of the Registrar, M3200
8701 Watertown Plank Road
Milwaukee, Wisconsin 53226
(414) 955-8733

or Return this form by emailing a PDF of the **signed** form to acadreg@mcw.edu.