



Date of Birth Declaration

- Please *type* all information.
- For *security purposes*, print this form using the 'PRINT' button below.
- Your completed form must be accompanied by a photocopy of documentation that shows your birth date. (Examples: Driver's License, Birth Certificate, Passport, court or other legal document, etc...)
- Submit this completed form and documentation to: Mail: Office of the Registrar - Student Services
333 East Campus Mall #10101
Madison, WI 53715-1384
Email: studentrecords@em.wisc.edu
Fax: (608) 265-8946

Student ID: _____

Email or Phone: _____
(in case of questions)

Name

LAST: _____

First: _____

Middle: _____

Correct Date of Birth

Month: _____

Day: _____

Year: _____

By my signature, I hereby claim that my correct day of birth is that which is provided above. Furthermore, I authorize the Office of the Registrar to change my academic records used in the Student Information System (SIS) to the new, correct date.

Signature: _____ Date: _____