UNIVERSITY OF CALIFORNIA, BERKELEY

SOCIAL SECURITY NUMBER

NOTE: you can **add** your SSN/ITIN in **CALCENTRAL** if blank

TYPE OR PRINT IN INK.

Name:_____ SID# _____ ☐ G ☐ U
LAST FIRST MIDDLE

Mailing
Address: _____
Street Address City State Zip Code

E-mail address: _____

Local Telephone No: (_____)_____

***Social Security Number _____
A copy of your Social Security card must be attached.

If you do not have a SSN but have a Individual Tax Payer Number (ITIN), please list _____.

I hereby request that my social security number be added/corrected on my record.

_____ _____
Signature Date

This form can be turned in at Cal Student Central, mailed or faxed to the Office of the Registrar.

In person:

Cal Student Central
120 Sproul Hall
Hours 9AM to 4PM (closed on Wednesday)

Mail to:

Academic Records
Office of the Registrar
128 Sproul Hall
University of California
Berkeley, California 94720-5404

Fax to:
510-643-9819
***** International Students - Please do not use this form to submit the number your country has assigned.**

OR: Sept 21/RTN: 1 yr.