



THE PUBLIC SCHOOLS of SPRINGFIELD, MASSACHUSETTS

CORE Student Information Change Request Form

Please Provide the Students CURRENT INFORMATION

***Student Id#** _____

State Id# (optional) _____

***School** _____

***Student Last Name** _____

***Student First Name** _____

***Student Middle Name** _____

***Student Date of Birth** _____

Student Gender _____

Student City of Birth: _____

**Mandatory*

Requesting information be changed to

Student Last Name	
Student First Name	
Student Middle Name	
Student Gender	
Student Date of Birth	
Student City of Birth	

Please circle which document is attached:

Birth Certificate Legal Document Passport Other

(No Change will occur without a copy of one of the documents above)

Please Send Completed document and VIA inter-office mail to
Core Student Information Change
Student Information Services
Data Center at Duggan Middle
Springfield Public Schools