

DATE: MIAMI-DADE COUNTY PUBLIC SCHOOLS CHANGE OF DATA								
SCHOOL NO.	I.D. NUMBER	STUDENT'S LAST NAME		APP.	FIRST NAME	MIDDLE NAME	BIRTH DATE	SEX
CHANGE OF NAME: (Last) (First) (Middle) FROM:				(Last) (First) (Middle) TO:				
BIRTH CERTIFICATE NO.:				PASSPORT NO.:				
DATE OF BIRTH: From:				To:				
PLACE OF BIRTH: From:				To:				
MARRIAGE Date of OF STUDENT - Marriage:				Husband's Name:				
SEX: From:				To:				
ETHNIC: HISPANIC: (CHECK) <input type="checkbox"/> Yes or <input type="checkbox"/> No				RACE: (CHECK ALL THAT APPLY) <input type="checkbox"/> B <input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> A <input type="checkbox"/> I				
<b>PARENT/GUARDIAN SIGNATURE:</b>								
ISM NO.:								
NOTE: PLEASE PROVIDE PROPER DOCUMENTATION FOR CHANGE.								

FM-0735 Rev. (09-20)

## RESTRICTED CHANGES

### INSTRUCTIONS:

1. Submit the ACR3 form to location 9028 for all changes in student name, date of birth, birthplace, sex or ethnicity.
2. In a change of name, date of birth, the original document submitted at time of initial registration along with the new updated information must be attached.
3. A copy of the Birth Certificate, Final Judgement or Marriage Certificate seen/used must be attached to the ACR3 form.
4. Should you have any questions please call Federal and State Compliance Office (305) 883-5323.

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