

**Name & Social Security Number
 Change Form**

- Requires at least TWO VALID and ORIGINAL forms of Identification (see choices below)
- Both forms of the required identification must show the NEW name
- At least ONE form of required identification must be a photo ID

Reason for Change: <input type="checkbox"/> Name Change <input type="checkbox"/> SSN was incorrect/changed <input type="checkbox"/> DOB was incorrect

Are you a Student Employee? YES NO

Student ID Number		<i>New Social Security Number</i>		Previous Social Security Number	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<i>New Last Name</i>		<i>New First Name</i>		<i>New Middle Name</i>
Previous Last Name		Previous First Name		Previous Middle Name	
Home Phone Number		Cell Phone Number		Email Address	
Incorrect Date of Birth	<i>Correct Date of Birth</i>		Signature: _____ Date: _____		

FOR REGISTRAR'S OFFICE USE ONLY:	<input type="checkbox"/> Driver's License <input type="checkbox"/> Divorce/Marriage Certificate <input type="checkbox"/> Court Action <input type="checkbox"/> Social Security Card (Required for Student Employees) <input type="checkbox"/> Passport	Staff Initials: _____ Date Processed: _____	Stamp Date Received: _____