

Change of Name and Social Security Number

STUDENT ID# _____

Mr. Ms. _____
LAST FIRST MICHECK DIVISION: Undergraduate GraduateCHECK ONE STATUS: Matriculated Non degree PermitCURRENTLY ENROLLED: Yes No If not, Last date of attendance: _____

If Graduated, Date of graduation: _____ Degree: _____

A. Change of Name:Old Name: _____
Last First MINew Name: _____
Last First MI

Please provide the following information:

1. Naturalization papers (Certificate and Court Order)
2. A certified copy of a court order authorizing the change of name
3. A copy of the marriage certificate
4. A copy of a birth certificate

B. Change of Social Security Number:**(No changes to a Social Security Number are processed during the last three weeks of the term or during periods of registration)**

Old Social Security #: _____

New Social Security #: _____

A copy of the Social Security card must be attached & signed by the student

Student's Signature_____
Date

Processed by: _____

Date: _____