

Change of Name and Social Security Number

Social Security number: _____

Mr. Ms. _____
LAST FIRST MI

CHECK DIVISION: Undergraduate Graduate

CHECK ONE STATUS: Matriculated Non degree Permit

CURRENTLY ENROLLED: Yes No If not, Last date of attendance: _____

If Graduated, Date of graduation: _____ Degree: _____

A. Change of Name:

Old Name: _____
Last First MI

New Name: _____
Last First MI

- | |
|---|
| <p>Please provide the following information:</p> <ol style="list-style-type: none"> 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 |
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B. Change of Social Security Number:

(No changes to 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

Students' Signature

Date

Processed by: _____

Date: _____