



SOCIAL SECURITY/ NAME/ DATE OF BIRTH CHANGE FORM

NAME: _____ SUID: *(required)* _____

Please complete ONLY those items which require changing and return to the Office of Financial Aid.

- I. Date of Birth Changes: Documentation is required for date of birth changes. Please submit a copy of your birth certificate. For questions regarding your date of birth, contact SSA at 800-772-1213 or visit their website at www.socialsecurity.gov.

Date of Birth: _____
 Type of documentation submitted for change: _____
 Reason for change: _____

- II. Social Security Number Changes: Documentation is required for social security changes. Please submit a copy of your signed social security card. For questions regarding your social security number, contact SSA at 800-772-1213 or visit their website at www.socialsecurity.gov.

Old Social Security Number: _____
 New Social Security Number: _____
 Type of documentation submitted for change: _____
 Reason for change: _____

- III. Name Changes: Please include your first, middle and last names below. Documentation is required for name changes. Please submit a copy of your signed social security card.

Previous Name: _____
 New Name: _____
 Type of documentation submitted for change: _____
 Reason for change: _____

Student signature: _____ Date signed: _____

Office of Financial Aid Use Only:

Change completed by: _____ Date completed: _____
 Documentation submitted: _____
 Copies sent to: Payroll: _____ Pharmacy: _____ Law: _____ Admissions: _____

Samford University Office of Financial Aid - 800 Lakeshore Drive - Birmingham, AL 35229

Phone Number: (205) 726-2905 - Fax Number: (205)726-2738 - Email: ofa@samford.edu