



**SOCIAL SECURITY/ NAME/ DATE OF BIRTH CHANGE FORM**

NAME: \_\_\_\_\_ SUID: *(required)* \_\_\_\_\_

Please complete ONLY those items that 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](http://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](http://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: \_\_\_\_\_

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Office of Financial Aid Use Only:

Change completed by: \_\_\_\_\_ Date completed: \_\_\_\_\_

Documentation submitted: \_\_\_\_\_

Copies sent to: Payroll: \_\_\_\_\_ Pharmacy: \_\_\_\_\_ Law: \_\_\_\_\_ Admissions: \_\_\_\_\_