



SOCIAL SECURITY/NAME/DATE OF BIRTH CHANGE FORM
(FOR CURRENTLY ENROLLED STUDENTS ONLY)

NAME: _____ SUID: (required) _____

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

1. 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: _____

2. 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: _____

3. 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: _____

Student signature: _____ Date signed: _____

Office of the Registrar Use Only:

Change completed by: _____ Date completed: _____

Documentation submitted: _____

Copies sent to Payroll: _____ Date: _____