

SOCIAL SECURITY & NAME CHANGE FORM

This correction must be made within two weeks of the start of a given semester

FROM OLD SS# _____ - _____ - _____

TO NEW SS# _____ - _____ - _____

For Official Use Only

Received By: _____

Date: _____

*****PLEASE COMPLETE THE SECTION BELOW*****

NAME CHANGE

This is my new: _____ Permanent Name

SOCIAL SECURITY NUMBER _____ - _____ - _____

FROM Old Name: Last _____ First _____ MI _____

TO New Name: Last _____ First _____ MI _____

GENDER

_____ MALE _____ FEMALE

MARITAL STATUS

_____ SINGLE _____ MARRIED _____ DIVORCED

STUDENTS!! PLASE READ

1. Name corrections must be documented: marriage license, passport, birth certificates
2. Social Security number corrections must be accompanied by a copy of the original Social Security card.

CERTIFICATION: I certify and affirm that all information presented in this form is true and correct, that any documents I have presented are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement of representation on this form is a criminal violation.

Student Name (Print Legibly)

Student Signature

Date