



Name & Social Security Number Change Form

Name Change

Please check one of the following: Student _____ Student Employee _____

Current Name _____
Last First Middle Other

SSN or Banner ID _____

Change Name to _____
Last First Middle

Note: Your social security card reflecting your new name and a clear picture ID must be submitted in support of an official name change.

Student's Signature Date

Social Security Number Change

Please check one of the following: Student _____ Student Employee _____

Name _____
Last First Middle

Incorrect Social Security Number _____ - _____ - _____

Change Social Security Number to _____ - _____ - _____

Note: Your social security card and a clear picture ID must be submitted for all SSN changes.

Student's Signature Date

Official Use Only

DO NOT WRITE IN THIS SPACE.

- Social Security Card Driver's License NSU One Card ID

Original document copied by _____

Date Processed _____ Processed By _____