CENTRAL MICHIGAN UNIVERSITY

Registrar's Office Mount Pleasant, MI 48859 Phone (989) 774-3261 Fax: (989)774-3783

"USE BLACK INK ONLY"

❑NAME ❑SOCIAL SECURITY NUMBER ❑DATE OF BIRTH CHANGE REQUEST

NAME _____ Campus ID: _____

Are you currently, or have you been employed at Central Michigan University in the last 13 months? ❑ Yes ❑ No

If yes, were/are you: ❑ Faculty ❑Staff ❑ Student Assistant ❑ Grad Assistant

NOTE: (If you are currently receiving benefits as a faculty/staff member, you must also go to the Benefits Office to complete change forms of your insurance carriers.)

NOTE: Because the University reserves the right to require proof that the individual requesting a name change is known by and using the name requested for University records, you must attach a copy of your new driver's license, military id, or court papers. If you are changing your social security number you must attach a copy of your new social security card, or a copy of an IRS Individual Taxpayer identification number letter.

If you are currently employed at CMU, or have been employed within the last 13 months at the University, you must attach a copy of your new social security card with the request to change your NAME or SOCIAL SECURITY NUMBER.

NAME CHANGE

New Name _____
Last First Middle Name or Initial

Previous Name _____
Last First Middle Name or Initial

Reason for Name Change (check one) ❑ Marriage ❑ Legal Name Change ❑ Divorce ❑ Other (Describe) _____

SOCIAL SECURITY NUMBER CHANGE/CORRECTION

New/Correct Social Security Number _____ _____

Former Social Security Number _____ _____

DATE OF BIRTH CORRECTION

Correct Date of Birth _____ _____

Former Date of Birth _____ _____

_____ **10/08/2009**
Signature Date

FOR OFFICE USE ONLY [Authorized Offices: Registrar/Personnel Services] ETERM: _____

SYSTEM UPDATE DATE ____/____/____ BY _____ DEPT _____

CHANGE PROCESSED TO ❑ Permanent Record Card ❑ File ❑ STF ❑ STD ❑ GR ❑LA ❑CEL ❑ UG ❑ GRAD
GR _____ LA _____

CHANGE PROCESSED BY: _____ DATE ____/____/____