

# 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 or adding 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  
**\*\*Must provide proof of change see "NOTE" above.**  Divorce  Other (Describe) \_\_\_\_\_

**SOCIAL SECURITY NUMBER CHANGE/CORRECTION**

New/Correct Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Former Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **\*\*Must provide proof of change: see "NOTE" above.**

**DATE OF BIRTH CORRECTION**

Correct Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Former Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **\*\*Must provide proof of change: see "NOTE" above.**

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_