



REQUEST TO CHANGE NAME, SOCIAL SECURITY, DATE OF BIRTH

Are you currently, or have you been employed at CMU in the last 13 months? No _____ Yes _____ (if yes check one below)

You were/are FACULTY _____ STAFF _____ STUDENT ASSISTANT _____ GRAD ASSISTANT _____

If you are receiving benefits as a faculty/staff member, you MUST go to the Benefits Office to change forms for your insurance carriers. You MUST attach a copy of your new Social Security Card with a request to change your name.

NAME _____ CAMPUS ID# _____

EMAIL _____

Please complete what applies to you below

_____ **LEGAL NAME CHANGE** – CMU REQUIRES proof of the individual requesting a name change.

You must attach a copy of your Driver’s License, ID, or Court Papers showing proof of your new name.

New Name _____
LAST FIRST MIDDLE

Previous Name _____
LAST FIRST MIDDLE

Reason for Change: Marriage _____ Divorce _____ Legal Change _____ Other _____ (Explain below)

_____ **ADD ALTERNATE/PREFERRED/CHOSEN FIRST NAME** _____
FIRST MIDDLE LAST

[Review Manual of University Policies, Procedures, and Guidelines](#)

Once your First name has been updated in the database, you may request a new CMU ID Card. To request a new card you will need to go to the Card Office in Bovee University Center 209. The Help Desk will contact you regarding your email, blackboard and any other services they can provide.

_____ **SOCIAL SECURITY NUMBER** – CMU REQUIRES proof of your new or existing Social Security Card, or a copy of an IRS Individual Taxpayer identification number letter.

New or Corrected Social Security Number _____ - _____ - _____

Previous Social Security Number _____ - _____ - _____

_____ **DATE OF BIRTH** – CMU REQUIRES proof of the correct date of birth.

Correct Date of Birth _____

Previous Date of Birth _____

Signature _____ Date _____

MM/DD/YYYY

Return Completed Form with REQUIRED proof to
Registrar’s Office, Warriner Hall 212, Mount Pleasant MI 48859
Phone: (989) 774-3261 Email: records@cmich.edu Fax: (989) 774- 3783

Office Use Only _____ Processed by _____ Date _____