



Registrar's Office
Warriner Hall Room 212
Mt Pleasant MI, 48859
Phone: 989-774-3261 Fax: 989-774-3783

REQUEST TO CHANGE: NAME SOCIAL SECURITY NUMBER DATE OF BIRTH

Are you currently, or have you been employed at CMU in the last 13 months? NO YES

If you checked YES above, you were/are: FACILITY STAFF STUDENT ASSISTANT GRAD ASSISTANT
(If you are receiving benefits as a faculty/staff member, you must also go to the Benefits Office to complete change forms for your insurance carriers.)

NAME CAMPUS ID#
Please Print

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.

If you are currently employed at CMU or have been within the last 13 months, you MUST attach a copy of your new Social Security Card with this request to change your Name.

Form for Name Change with fields for New Name (Last, First, Middle), Previous Name (Last, First, Middle), and Reason for Name Change (Marriage, Divorce, Legal Name Change, Other).

SOCIAL SECURITY NUMBER CHANGE OR CORRECTION

If you are changing your social security number you MUST attach a copy of your New social security card, or copy of an IRS Individual Taxpayer identification number letter.

Form for Social Security Number Change with fields for New or Correct Social Security Number and Former Social Security Number.

DATE OF BIRTH CORRECTION

You MUST attach proof of the correct date

Form for Date of Birth Correction with fields for Correct Date of Birth (Month, Day, Year) and Former Date of Birth (Month, Day, Year).

Signature Date

Office Use Only Processed By Date