



Name Change Form

Please note: Name changes for students and employees require the presentation of a social security card bearing the new name.

USI ID number: _____

Current Name (Please Print): _____

New Name (Please Print): _____

Date of Birth: _____

Daytime Telephone: _____

Cellular Telephone: _____

E-mail Address (Please Print): _____

Statement of Responsibility:

I understand changing my name will affect all university records.

Signature: _____ Date: _____

OFFICE USE ONLY

<p>Required Documents: <i>For Faculty/Staff/Students/Student Employees:</i> A copy of the social security card is required. Photocopy the original social security card, sign and date the copy with your name as receiver and attach copy to this form.</p> <p><i>For Alumni/Donors/Prospective donors:</i> Documented request by constituent or development officer.</p> <p><i>Please select roles as indicated on GUASYST. Send copies of this form and documentation to offices listed below:</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Human Resources</td> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Financial Aid</td> <td><input type="checkbox"/> Advancement</td> </tr> <tr> <td> Human Resources</td> <td> Registrar's Office</td> <td></td> <td> Development</td> </tr> <tr> <td> Physical Plant</td> <td> Eagle Access Card office</td> <td></td> <td></td> </tr> <tr> <td> Security</td> <td> Financial Aid</td> <td></td> <td></td> </tr> <tr> <td> Eagle Access Card office</td> <td> Security</td> <td></td> <td></td> </tr> <tr> <td> Computer Center</td> <td> Residence Life</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Human Resources	<input type="checkbox"/> Student	<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Advancement	Human Resources	Registrar's Office		Development	Physical Plant	Eagle Access Card office			Security	Financial Aid			Eagle Access Card office	Security			Computer Center	Residence Life		
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