



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

Required Documents:
For Faculty/Staff/Students/Student Employees:
 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.

For Alumni/Donors/Prospective donors:
 Documented request by constituent or development officer.

Please select roles as indicated on GUASYST. Send copies of this form and documentation to offices listed below:

<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		

Documentation received by

Name: _____ Dept: _____ Date: _____

SPRIDEN record changed by

Name: _____ Dept: _____ Date: _____