



# Name Change Form

**Please note: Name changes for students and employees require the presentation of a signed 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><b>Required Documents:</b>  <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 border="0"> <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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Computer Center	Residence Life																										
Documentation received by																											
Name: _____	Dept: _____	Date: _____																									
SPRIDEN record changed by																											
Name: _____	Dept: _____	Date: _____																									