



CENTRAL MICHIGAN UNIVERSITY

Name/Social Security Number/Date of Birth Change Request

Name: _____ Student Number: _____
Are you currently employed at Central Michigan University, or have you been employed at CMU in the last 13 months? [] Yes [] No
If yes, were/are you: [] Faculty [] Staff [] Student Assistant [] Graduate Assistant
Note: (If you are currently receiving benefits as a faculty/staff member, you must also go to the Benefits Office to complete any required insurance change forms.)

Note: Because the University reserves the right to require proof that the individual requesting a name change is known by and using the name requested for University records, you must attach a legible copy of your new driver's license, social security card, or court papers. If you are changing your social security number you must attach a copy of your new social security card.

If you are currently employed at CMU, or have been employed within the last 13 months at the University, you must attach a copy of your new social security card with the request to change your NAME or SOCIAL SECURITY NUMBER.

NAME CHANGE
New Name Last First Middle Name or Initial
Previous Name Last First Middle Name or Initial
Reason for Name Change (check one) [] Marriage [] Legal Name Change [] Divorce [] Other (Describe)

SOCIAL SECURITY NUMBER CHANGE/CORRECTION
New/Corrected SSN#: _____ Former SSN#: _____

DATE OF BIRTH CORRECTION
Correct Date of Birth: _____ Former Date of Birth: _____

Signature _____ Date _____

For Office Use Only [Authorized Offices: Registrar/Human Resources]
SYSTEM UPDATE Date / / By Department
CHANGE PROCESSED TO Permanent Record Card File
CHANGE PROCESSED BY: Date / /

Distribution: Original: Registrar's Office/with copy of SS card
Copy: Payroll/with copy of SS card
Copy: Human Resources/with copy of SS card