

Name & Social Security Number Change Form

Current Name _____
Last First Middle Other

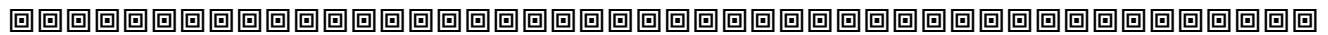
Social Security Number or SID _____

Change Name to _____
Last First Middle

Please Note: Your social security card reflecting your new name and a clear picture ID must be submitted in support of an official name change. (The document must be copied by the appropriate NSU employee.)

Student's Signature Date

If you are a candidate for graduation and wish your name to appear as indicated above, you will also need to request to make the change on your graduation application. Otherwise, your name will appear as originally indicated on the graduation application.



Name _____
Last First Middle

Incorrect Social Security Number _____

Change Social Security Number to _____

Please Note: Your social security card and a clear picture ID must be submitted for all SSN changes. (The document must be copied by the appropriate NSU employee.)

Student's Signature Date



Official Use Only. DO NOT WRITE IN THIS SPACE.

- Social Security Card Driver's License NSU One Card ID

Original document copied by _____
Date Processed _____ Processed in SIS by _____
Batch Number RE _____