Change of Personal Information

Instructions: Complete this form with all appropriate information for your request. Please be aware that federal law requires you to present your Social Security Card for name changes if you are an employee or a financial aid recipient. Follow the steps below and submit the form to the appropriate USU departmental office.

1) Please check all that apply:

At Utah State University, I am…

❑ **a student only**	❑ **an employee****	❑ **a financial aid recipient****
Definition: A person who attends or has attended classes and who is: 1) **NOT** employed by the University, and 2) **NOT** a financial aid recipient. **Where this form goes:** Registrar's Office *Social Security card is not required for a student-only name change*	**Definition:** A person (student or non-student) who is employed by the University either full-time, part-time, or as a student employee. **Where this form goes:** Human Resources *(Social Security Card Required for name change [1])*	**Definition:** A person who is attending or taking courses at USU and who receives any form of financial aid (grants, loans, scholarships, etc.) **Where this form goes:** Financial Aid Office *(Social Security Card Required for name change [2])*
	***If you are an employee and a financial aid recipient, you must go to the Human Resources Office to make any change.* *(A copy of your Social Security Card is required by law for verification[1])*	

2) Current Information (before any requested changes):

Last Name:	First Name:	Middle Name:
Student ID:	Email Address:	

3) Please check the box(es) for the information you are requesting to change:

❑ **Name Change -** *please change my name to:*	❑ **Social Security Number Change**	❑ **Date of Birth Change**
Requires: Photo ID ***and*** one of the following: Marriage Certificate, Passport, Permanent Visa, *Social Security card, Court Order, *or* Divorce Decree	**Requires**: Photo ID ***and*** Social Security Card	**Requires**: Photo ID *and* Birth Certificate, or Passport, or Permanent Visa
Reason for change:	Old or Incorrect SSN: __ __ _____ _____ _____	Old or Incorrect DOB: (MM/DD/YYYY) _____ / _____ / _____
Last Name:		
First Name:	New or Correct SSN: __ __ _____ _____ _____	New or Correct DOB: (MM/DD/YYYY) _____ / _____ / _____
Middle Name:		

*Social Security card is REQUIRED for employees and financial aid recipients

4) Student Signature (Required): _____ **Date:** _____

5) Return form to (see above for where your form should go):

Registrar's Office	Office of Human Resources	Financial Aid Office
1600 Old Main Hill	8800 Old Main Hill	1800 Old Main Hill
Logan, UT 84322-1600	Logan, UT 84322-8800	Logan, UT 84322-1800

For Office Use Only

Requirements:	Completed By:	Office:	Date:
❑ ID Verified		RO HR FA	
❑ Correct Documentation Verified		RO HR FA	
❑ Information Changed		RO HR FA	

[1] Executive Order 12989 and Utah State Senate Bill 81
[2] Title IV of The Higher Education Act of 1965 (as amended)