



# *Change of Name or Social Security Number*

University of North Alabama

## Student Information (Please Print or Type)

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

UNA E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you changing your name?  Yes  No

Are you changing Social Security number?  Yes  No

Are you an undergraduate or graduate student?  UG  GR

## Change of Name (if applicable)

Required Documentation:  Social Security Card OR  Legal Documentation OR  Passport

Name on Record: \_\_\_\_\_  
(Last) (First) (Middle)

Change Name To: \_\_\_\_\_  
(Last) (First) (Middle)

Have you applied for Graduation? \_\_\_\_\_

If so, do you want your name changed on your diploma? \_\_\_\_\_

## Change of Social Security Number (if applicable)

Required Documentation:  Social Security Card

Change SSN FROM: \_\_\_\_\_

TO: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

## Signature

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Return completed form with required documentation to the Office of the Registrar. Allow 48-72 hours for processing.