



StudentID Number (required) \_\_\_\_\_ Legal Name (required) \_\_\_\_\_

Are you an employee of SOSU? (this includes adjuncts, graduate assistants, and student workers)    Yes    No  
*All employees must make SSN and name changes with the Human Resources Office*

Instructions: Fill out any relevant information for data changes you need to make. You do not have to fill out all information, only the areas where you need to make a change. Official documentation is required for verifying all changes. If you are submitting this form online, you must submit official documentation with the form. Employees are required to present the original Social Security Card to Human Resources.

**NAME CHANGE**

New/Correct Name

Previous/Incorrect Name

Is this name a legal name change or a chosen name change?    Legal    Chosen  
Chosen name will appear on Self Service but will not replace the legal name on official records.

**SOCIAL SECURITY NUMBER CHANGE**

Correct SSN

**DATE OF BIRTH CHANGE**

Correct DOB

**ADDRESS CHANGE**

Street Address

City

State

ZIP

Your signature is required to process all changes:

I hereby certify that these changes are true and correct. I hereby acknowledge that a chosen name change does not exclude my legal name from being shared nor does it guarantee that my chosen name will appear on official documentation.

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

**Office use only**

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HR Signature \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Office Signature \_\_\_\_\_ Date: \_\_\_\_\_