REQUEST FOR CHANGE OF NAME / SS# / ADDRESS FORM

For a change of name/ID for University *employees* (including student employees), the University must receive a copy of a Social Security Card with the correct name and a government issued picture ID (such as driver's license) two forms with one having a photo. For the changing of a *student/former student* name (non-employee) the University must receive appropriate documentation (Divorce Decree, Certificate of Marriage, passport, Driver's License).

EMPLOYEES OF THE UNIVERSITY, IN ANY CAPACITY, INCLUDING STUDENT WORKERS,
MUST RETURN THIS FORM TO THE PAYROLL OFFICE, AD 113

ALL OTHER STUDENTS/FORMER STUDENTS MUST RETURN THIS FORM TO THE APPROPRIATE REGISTRAR'S OFFICE
(University or Law).

Previous Name _____
Title Last Name First Name Middle Name

Change my Name to: _____
Title Last Name First Name Middle Name

Replacement of Address

Old Address: _____
Street City State Zip

( ) _____
Phone

New Address: _____
Street City State Zip

( ) _____
Phone

Address to be changed: ____Mailing ____Parents ____Billing ____Local Residence ____Business ____Diploma ____Father ____Mother

Current SS#: ___ - ___ - ____ Email _____
Current students: Use your GU email address

New SS#: ___ - ___ - ____
Employee: Attain Photocopy of Social Security Card

Check the item which applies:

____ I am a current student of Gonzaga University.

____ I am a former student of Gonzaga University.

____ I am an employee of Gonzaga University. I have not enrolled in classes.

____ I am an employee of Gonzaga University and I am/have enrolled in classes. I agree that in addition to my current name being listed in ZAGWEB, my academic record will reflect my current name as indicated above.

I hereby request that Gonzaga University use my new information in all of my future records with the University. I further state that my change of name is not a fraudulent purpose nor the avoidance of creditors.

_____ ___/___/___
SIGNATURE (*using current name*) DATE

DO NOT WRITE IN THIS BOX. Processed by: _____ _____
Department: _____ Date

College Hall Room 229 AD Box 83 Spokane, WA 99258-0083 Telephone (509) 313-6592 FAX (509) 313-5828