

REQUEST FOR CHANGE OF NAME / SS# / ADDRESS FORM

EMPLOYEES OF THE UNIVERSITY MUST RETURN THIS FORM TO THE HUMAN RESOURCES OFFICE (Business Services Center).

STUDENT EMPLOYEES MUST RETURN THIS FORM TO THE PAYROLL OFFICE (Business Services Center).

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

Current Name on File: _____
LAST
FIRST
MIDDLE

Gonzaga ID or SSN#: _____ **Date of Birth:** _____

Check all that Apply:

Identification	<input type="checkbox"/> Current Student <input type="checkbox"/> Alumni <input type="checkbox"/> Employee, never enrolled <input type="checkbox"/> Employee, have enrolled (current or previous terms)*
Information to Update	<input type="checkbox"/> Name <input type="checkbox"/> Social Security Number <input type="checkbox"/> Address

*includes work study students and student institutional jobs

NAME CHANGE

- University employees (including student employees) must provide a copy of a Social Security Card with the correct name and a government issued picture ID (such as a driver's license)
- Student or alumni must provide a government issued picture ID with the correct name and one of the following: Divorce Decree, Certificate of Marriage, Court Order, Social Security Card, Passport

Corrected Name: _____
LAST
FIRST
MIDDLE

SOCIAL SECURITY NUMBER CHANGE

- Must provide copy of Social Security Card

Corrected Social Security Number: _____ - _____ - _____

ADDRESS CHANGE

Old Address: _____
STREET

_____ () _____
CITY
STATE
ZIP
PHONE

New Address: _____
STREET

_____ () _____
CITY
STATE
ZIP
PHONE

Apply Change to--	<input type="checkbox"/> Mailing <input type="checkbox"/> Permanent <input type="checkbox"/> Parents <input type="checkbox"/> Billing <input type="checkbox"/> Local Residence <input type="checkbox"/> Emergency <input type="checkbox"/> Business
	<input type="checkbox"/> Diploma <input type="checkbox"/> Father <input type="checkbox"/> Mother

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 _____

DATE _____

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