

REQUEST FOR CHANGE OF NAME / GENDER / SS# / ADDRESS

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)* **Have you applied to graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Information to Update	<input type="checkbox"/> Name <input type="checkbox"/> Gender <input type="checkbox"/> Social Security Number <input type="checkbox"/> Address

**includes work study students and student institutional jobs*

NAME CHANGE

- 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 or passport)

Corrected Name: _____
LAST FIRST MIDDLE

☐ Adjust Zagmail address (...@zagmail.gonzaga.edu) to reflect name change

GENDER CHANGE

- Must provide a copy of Social Security Card, government issued picture ID, and a letter from the applicable physician

New Gender to be Reflected: ☐ Female ☐ Male

SOCIAL SECURITY NUMBER CHANGE

- Must provide copy of Social Security Card

Corrected Social Security Number: _____

ADDRESS CHANGE

Old Address: _____
STREET CITY STATE ZIP PHONE ()
☐ Home ☐ Cell

New Address: _____
STREET CITY STATE ZIP PHONE ()
☐ Home ☐ Cell

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"/> 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

OFFICE USE

ONLY Processed by: _____ Dept.: _____ Date: _____