

Office of the Registrar

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).

Concapt ID or SNM#: Check all that Apply: Check all that Apply:	Current Name on File					
Check all that Apply: Identification		LAST		FIRST		MIDDLE
Identification	Gonzaga ID or SSN#:	Date of Birth:				
Information to Update Name Gender Social Security Number Address	Check all that Apply:					
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:	Identification			ever enrolled	Employee, have enroll	ed (current or previous terms)*
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	Information to Update	☐Name ☐Gender ☐	Social Security Number	Address		
Adjust Zagmail address (@zagmail.gonzaga.edu) to reflect name change	Must provide a copy	of a Social Security Card with	the correct name and a	government is:	•	·
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:	Corrected Name:	LAST		FIRST		MIDDLE
SOCIAL SECURITY NUMBER 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:	☐Adjust Zagmail addr	ess (@zagmail.gonzaga.edu) t	o reflect name change			
Must provide copy of Social Security Number:	Must provide a copy	-	·	and a letter fro	om the applicable physician	
ADDRESS CHANGE Old Address: STREET CITY STATE STATE STREET CITY STATE STREET Apply Change to- Mailing Permanent Parents Billing Local Residence Emergency Business 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						
Old Address: STREET Home Cell	Corrected Social Seco	urity Number:				
New Address: STREET	Address Change					
New Address: STREET						
New Address: STREET	STR	EET				Home
Apply Change to Mailing Permanent Parents Billing Local Residence Emergency Business Father Mother	CITY	,	STATE	ZIP	() PHONE	Cell
Apply Change to Mailing Permanent Parents Billing Local Residence Emergency Business Father Mother	Name Addison					
Apply Change to Mailing Permanent Parents Billing Local Residence Emergency Business Father Mother		EET				——————————————————————————————————————
Apply Change to Mailing Permanent Parents Billing Local Residence Emergency Business Father Mother Mothe					()	_
Father Mother						
name is not a fraudulent purpose nor the avoidance of creditors. SIGNATURE OFFICE USE DATE	Apply Change to	· ·	ntParentsBill	ing Llocal	ResidenceEmergency	yBusiness
OFFICE USE	• •		-	future records	with the University. I further	state that my change of
					DATE	
		ocessed by:		Dept.:	Date:	