OFFICE OF THE REGISTRAR

324 Student Union
Stillwater, Oklahoma 74078-1013
405-744-6876 | **O**
registrar@okstate.edu

CORRECTION OR CHANGE OF NAME FORM

The OSU A&M System maintains employment and education records under the individual's full legal name. In the event of a recording error or a legal name change, individuals may change the name on their university record by presenting appropriate legal documentation (a social security card and valid government-issued photo ID) and this signed form to the appropriate office (HR for employees, or Registrar's Office for students).

NAME AFTER CHANGE:
LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

SUFFIX (Generational suffixes such as Jr., II or III only, if applicable) _____

STUDENT ID: _____ **DATE OF BIRTH:** _____ **PHONE NUMBER:** _____
(Include area code)

TERM OF LAST ATTENDANCE (STUDENTS ONLY): _____

EMAIL ADDRESS: _____

FORMER NAME(S) ON RECORD: _____

LEGAL SEX (If applicable): Male ◯ Female ◯

DOCUMENTATION REQUIRED (both SSN/ITIN documentation and a valid government-issued photo ID are required)

1. Type of SSN/ITIN documentation provided (attach a legible copy if not submitting in person):

- ◯ Social Security Card
- ◯ IRS letter assigning ITIN
- ◯ None - requestor is an international student who has not been issued a Social Security Card

2. Type of government-issued photo ID provided (attach a legible copy if not submitting in person):

- ◯ Driver's license (or other state-issued photo ID)
- ◯ Passport
- ◯ Military ID

☐ **I have an active Graduation Application or have previously earned a degree from OSU and request that my diploma name be updated with the name indicated on this form.**

I UNDERSTAND THAT THIS NAME CHANGE WILL BE REFLECTED IN ALL OSU A&M INSTITUTION ADMINISTRATIVE SYSTEMS, AND WILLBE ISSUED ON ALL FUTURE OFFICIAL DOCUMENTATION OF MY EMPLOYEE AND STUDENT RECORDS.

SIGNATURE: _____ **DATE:** _____

Office Use Only

BANNER SYSTEM IDENTIFICATION: ◯ STUDENT ◯ HR ◯ FINANCIAL AID ◯ FINANCE ◯ ACCOUNTS RECEIVABLE

Processed by: _____ Department: _____ Institution: _____ Date: _____

Revised: 11/20/26