



## 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: \_\_\_\_\_

GENDER CHANGE (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 UNDERSTAND THAT THIS NAME CHANGE WILL BE REFLECTED IN ALL OSU A&M INSTITUTION ADMINISTRATIVE SYSTEMS, AND WILL BE 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: _____ |               |                           |                     |