



Submit to:
Office of the Registrar & Records
900 N. Portland Avenue,
OKC, OK 73107
PH: 405.945.3291;
FAX: 405.945.3277

okc.records@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: _____

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):

- Type of SSN/ITIN documentation provided** (attach a legible copy if not submitting in person or use the Secure Document Uploader in Student Self-Service):
 - ☐ Social Security Card
 - ☐ IRS letter assigning ITIN
 - ☐ None – requestor is an international student who has not been issued a Social Security Card
- Type of government-issued photo ID provided** (attach a legible copy if not submitting in person or use the Secure Document Uploader in Student Self-Service):
 - ☐ 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: _____