



**OKLAHOMA
CITY**

Submit to:
Office of 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):

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: _____