

Name & Social Security Number Change

Southeast Missouri State University
One University Plaza
Cape Girardeau, MO 63701

PLEASE PRINT legibly and allow a minimum of ONE WEEK for processing. Include the required documentation as indicated at the bottom of the page.

Name: _____

Southeast ID: _____

Check appropriate status (more than one may apply):

_____ Student (Return to: Registrar's Office, ms 3760)

_____ Alumnus (Return to: Alumni Services, ms 7300)

_____ Faculty/Staff (Return to: Human Resources, ms 3150)

Name Change:

Name as it currently appears on my Southeast records: (Please Print)

Last

First

Middle

Name change required: (Please Print)

Last

First

Middle

Social Security Number Change:

Social Security Number in system: _____

Correct Social Security Number: _____

Signature: _____ Date: _____

(Signature is required for all required changes.)

NAME and/or SOCIAL SECURITY NUMBER WILL BE CHANGED ONLY IF A COPY OF ONE OF THESE OFFICIAL DOCUMENTS IS SUBMITTED:

Social Security Card - Court Ordered name Change Document - Driver's License

Office Personnel Use Only

Documentation _____

Banner _____

FileMagic _____

File _____