Western Carolina University
CURRENT STUDENT & STAFF NAME CHANGE FORM

Student/Employee ID Number (92#): __________________________________________________________

Previous Name (print clearly):

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

New Name (print clearly):

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Name change reason: _________________________________________

Responsible Office and Documents Required

University Employees (non-student): Name change form must be submitted to the Human Resources Office with one of the following: a) Social Security Card (not a copy); b) A letter from the Social Security Administration showing that a change of name is in process with the Social Security Administration. The letter must also include the person’s valid SSN.

Students (including university student-employees, work study & graduate assistants): Name change form should be submitted to the One Stop Office. All employed students are required to present the same documentation as regular university employees (see above). Non-university employed students must provide one of the following to One Stop in person, by fax (828-227-7217), or mail (Registrar’s Office, WCU, 206 Killian Annex; Cullowhee NC 28723).

- [ ] Social Security Card (verified by ________________________________)
- [ ] Marriage Certificate/License
- [ ] Court Order Document
- [ ] Driver’s License/DMV Identification Card
- [ ] Passport (mandatory for SEVIS tracked students)
- [ ] Birth certificate
- [ ] Alien Registration Card
- [ ] Dissolution of Marriage Decree
- [ ] Valid Military ID
- [ ] BIA ID Card or federally recognized tribal enrollment card with photo and signature

(Initial) I certify that I am not a student employee of Western Carolina University and therefore may provide copies of any of the above listed documents.

Signature_________________________________________ Date________________________

Office Use Only

_______ Name Changed in Banner

By: ________________________________

Office: ________________________________ Date: ________________________________