Reset

University of Alaska

Change Form

MAU/Major Administrative Unit (select one)	Department
Last Name First M.	
Employee ID /Student ID	Date of Birth _ _ / _ _ / _ _ mm dd yy

Indicate all areas to change:

☐ Student Related ☐ Applicant Related
☐ Employee Related ☐ Other _____

Are you a U.S. citizen? ☐ Yes ☐ No If no, check applicable visa type: ☐ F1 ☐ J1 ☐ Other _____ (specify)

Address type to change (check all that apply):

☐ **HR** - Employee Related (will affect mailing of pay statement and W-2), ☐ **MA** - Mailing Address,
☐ **PR** - Permanent Address, ☐ **SF** - Foreign Permanent Address (for F or J visa holders only),
☐ **SU** - U.S. Physical Address (for F or J visa holders only), ☐ **Other** - _____ (specify)

Please print clearly

Address: _____

_____

City: _____

State: _____ Zip: _____ - _____

Phone: ( ) _____ Type: _____

Phone: ( ) _____ Type: _____

☐ Check here if phone number is for hard copy file records only - not to be entered in the Banner system.

Indicate Changes:

☐ **Name**

An individual's full legal name is required for official records at the University. A name change request MUST be supported by legal documentation (i.e., Social Security card, marriage certificate, dissolution or divorce decree, court order, or a driver's license). **HR (employee) related changes require a current Social Security card.**

New Name: _____
Last First M.

Old Name(s): _____
Last First M.

_____
Last First M.

☐ **Identification Number**

Correct ID: _____

Old (incorrect) ID: _____

Old (incorrect) ID: _____

A Social Security number is required for tax, employment, and federal financial aid purposes. All information, including your Social Security number, will be kept confidential and secure as outlined by state and federal laws. An assigned number is used for University records; however, a portion or all of the social security number may be used for identity verification for systems software applications. Changes or corrections to Social Security numbers require a copy of the Social Security card.

☐ **Marital Status:**

☐ Single (S) ☐ Married (M) ☐ Divorced (D) ☐ Separated (P) ☐ Widowed(W)

Signature: _____ **Date:** _____
Required for all changes

For University of Alaska office use only

Dept:	Type:	Entered by:	Date:	Forwarded to:
Human Resources	HR			
Student				
Vendor				
Intl Student Advisor	SF, SU			