

**REQUEST FOR CHANGE**

Address, Name, Marital Status, SSN

PLEASE PRINT

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Month Day Year

Student  Cell  
 Employee ID#: \_\_\_\_\_  Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Vendor  Work

Email: \_\_\_\_\_ Alt. Email: \_\_\_\_\_

**ADDRESS CHANGE** Check each address you want to change.

<input type="checkbox"/> Permanent Address <b>PR</b>	<input type="checkbox"/> Employee Related Address <b>HR</b>	<input type="checkbox"/> Foreign Permanent Address <b>SF</b>
<input type="checkbox"/> Mailing Address <b>MA</b>		<input type="checkbox"/> U.S. Physical Address <b>SU</b>
Update at <a href="http://www.UAOnline.alaska.edu">www.UAOnline.alaska.edu</a> , no form required.	Will affect mailing of pay statement and W-2.	For F or J Visa holder only

New Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
 County: \_\_\_\_\_ Province: \_\_\_\_\_

check all that apply  
 New Phone  home  cell  work  
 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 New Phone  home  cell  work  
 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Check here if number is for hard copy only—  
 not to be entered into banner

**In order to make changes listed below to your official student record, we will need a copy of one of the following items:**  
 Driver's License     Passport     Permanent Resident Card  
 Social Security Card (required for SSN changes or if you are a past/present university employee)

**NAME CHANGE** Requires current social security card (employees only).

Former Name: \_\_\_\_\_  
Last First Middle

Current Name\*: \_\_\_\_\_  
Last First Middle

\*Your current name must appear on any documents that you submit in support of your request.

**MARITAL STATUS CHANGE**

I am now:     Single     Married     Divorced     Separated     Widowed

**SOCIAL SECURITY NUMBER CORRECTION** Requires current social security card.

Correct SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Incorrect SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Your Social Security Number (SSN) is required for tax, employment and federal financial aid purposes. All information including your SSN, 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 SSN may be used for identity verification by systems and software application.

I request the above change(s) be made in official University records in accordance with University policy and this form.

X \_\_\_\_\_  
Signature Date

CHECK GUASYST: <input type="checkbox"/> Student <input type="checkbox"/> Fin Aid <input type="checkbox"/> Employee <input type="checkbox"/> Finance A/R	<b>OFFICE USE ONLY</b>
Processing: Student _____ International _____ HR _____	
Forward to: <input type="checkbox"/> IT <input type="checkbox"/> HR <input type="checkbox"/> International <input type="checkbox"/> Registration <input type="checkbox"/> Finance	
SPACMNT: <input type="checkbox"/>	Date Rec'd: _____