Instructions on Required Documentation (if multiple groups apply, follow first applicable group)

**Employee or Finance Person**
- **Current Employee** – A person currently working for the University in a temporary or permanent position, SHRA or EHRA.
- **Previous Employee** – A person who previously worked for the University in a temporary or permanent position, SHRA or EHRA, within the last 12 calendar months.
- **Background Check Person** – A person who had a background check processed by the University.
- **Finance Person** - Anyone being reimbursed by University Finance and Accounting Services

**Action** (Completed form and documentation must be submitted in person)
- **Name Change:**
  - Social Security card displaying new name
- **SSN Change:**
  - Social Security card displaying correct SSN

**Non-Employee & Non-Finance Person**
- **Student/Alumni** – A person who has matriculated at the University.
- **Third Party Proxy** – A person authorized by a currently enrolled student for proxy access to student information (Note: may only request update to their own information)
- **Retiree/Past Employee** Any person who previously worked for the University in a permanent or temporary position, SHRA or EHRA, but who retired or whose employment ended more than 12 calendar months previous.

**Action** (notarization may be required; see form)
- **Name Change:**
  - One of the following displaying the new name:
    - Social Security card
    - Passport that contains a photograph or information such as name, date of birth, gender, height, eye color and address.
    - Permanent Resident Card or Alien Registration Card
    - Employment Authorization Document (card) that contains a photograph
    - Driver’s license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, eye color and address.
    - ID Card issued by federal, state, or local agency or entity, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address.
    - Court Order authorizing Name Change
- **SSN Change:**
  - One of the following displaying the correct SSN:
    - Social Security card
    - ITIN card
    - W-2c or W-3c or W-9s

**Other** – Anyone not included above

**Both Name and SSN Change:**
- Completed form (no additional documentation or notarization required)

Submit completed form and required documentation:

- **Student**
  - Registrar’s Office – Records
  - SASB North, Third Floor

- **Employee/Finance Person**
  - School/Division Person Update User
  - All
  - PID Office
  - Daniels Building

**DO NOT MODIFY THIS FORM. MODIFIED FORMS WILL NOT BE PROCESSED.**
Current Information (as confirmed on required documentation):

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
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<tr>
<th>PID (if known)</th>
<th>DOB</th>
<th>Relationship to UNC (if student, include degree/year of graduation or last enrollment)</th>
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<th>Address</th>
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NAME CHANGE

Employee/Finance Person
- Social Security card

Non-Employee & Non-Finance Person
- Social Security card
- Passport
- Permanent Resident/Alien Registration
- Employment Authorization card
- Driver's license
- ID Card (federal, state, local agency or entity)
- Court Order

Other
- Name/SSN Change Form

SSN CHANGE

Employee/Finance Person
- Social Security card

Non-Employee & Non-Finance Person
- Social Security card
- ITIN
- W-2c or W-3c or W-9s

Other
Name/SSN Change Form

SIGNATURE OF REQUESTER (the individual whose record is being changed)

<table>
<thead>
<tr>
<th>Previous First Name</th>
<th>Previous Middle Name</th>
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<th>Previous Last Name</th>
<th>Suffix</th>
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New

Notarization: required for Student/Alumni/Third Party Proxy/Retiree/Past Employee unless submitted in person.

Notarization Statement: I certify that the above-named person personally appeared before me this day and, upon presentation of appropriate identifying documentation, signed above in my presence.

Notary's Official Signature: ____________________________
Notary's printed name: ____________________________
My Commission Expires: ____________________________
Commission County: ____________________________
Date: ____________________________

Notary Seal: ____________________________

Office Use Only:

Processed by: ____________________________
Signature of Processor: ____________________________
Department Name and Number: ____________________________
Date: ____________________________

Submit completed form and required documentation:

**Student**
- Registrar's Office – Records
- SASB North, Third Floor

**Employee/Finance Person**
- School/Division Person Update User
- PID Office

**All**
- Daniels Building

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