

## NAME/SSN Change Form

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

|   |  |
|---|--|
| <p><b><u>Employee or Finance Person</u></b></p> <ul style="list-style-type: none"> <li>➤ <b>Current Employee</b> – A person currently working for the University in a temporary or permanent position, SHRA or EHRA.</li> <li>➤ <b>Previous Employee</b> – A person who previously worked for the University in a temporary or permanent position, SHRA or EHRA, within the last 12 calendar months.</li> <li>➤ <b>Background Check Person</b> – A person who had a background check processed by the University.</li> <li>➤ <b>Finance Person</b> - Anyone being reimbursed by University Finance and Accounting Services</li> </ul> | <p><b>Action</b> <i>(Completed form and documentation must be submitted in person)</i></p> <p><b>Name Change:</b></p> <ul style="list-style-type: none"> <li>• Social Security card displaying new name</li> </ul> <p><b>SSN Change:</b></p> <ul style="list-style-type: none"> <li>• Social Security card displaying correct SSN</li> </ul>   |
| <p><b><u>Non-Employee &amp; Non-Finance Person</u></b></p> <ul style="list-style-type: none"> <li>➤ <b>Student/Alumni</b> – A person who has matriculated at the University.</li> <li>➤ <b>Third Party Proxy</b> – A person authorized by a currently enrolled student for proxy access to student information <i>(Note: may only request update to their own information)</i></li> <li>➤ <b>Retiree/Past Employee</b> 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.</li> </ul>            | <p><b>Action</b> <i>(notarization may be required; see form)</i></p> <p><b>Name Change:</b></p> <p><u>One</u> of the following displaying the new name:</p> <ul style="list-style-type: none"> <li>• Social Security card</li> <li>• Passport that contains a photograph or information such as name, date of birth, gender, height, eye color and address.</li> <li>• Permanent Resident Card or Alien Registration Card</li> <li>• Employment Authorization Document (card) that contains a photograph</li> <li>• 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.</li> <li>• 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.</li> <li>• Court Order authorizing Name Change</li> </ul> <p><b>SSN Change:</b></p> <p><u>One</u> of the following displaying the correct SSN:</p> <ul style="list-style-type: none"> <li>• Social Security card</li> <li>• ITIN card</li> <li>• W-2c or W-3c or W-9s</li> </ul> |
| <p><b>Other</b> – Anyone not included above</p>   | <p><b>Both Name and SSN Change:</b></p> <ul style="list-style-type: none"> <li>• Completed form <i>(no additional documentation or notarization required)</i></li> </ul>   |

**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.**

## NAME/SSN Change Form

**Current Information** (as confirmed on required documentation):

|                |        |  |        |
|----------------|--------|--|--------|
| First Name     | Middle | Last   | Suffix |
| PID (if known) | DOB    | Relationship to UNC (if student, include degree/year of graduation or last enrollment) |        |
| Address        | City   | State  | Zip    |
| Phone          | Email  |  |        |

|   |  |
|---|--|
| <div style="background-color: #e0e0e0; padding: 2px; margin-bottom: 5px;"><b>NAME CHANGE</b></div> <p><b>Employee/Finance Person</b></p> <p><input type="checkbox"/> Social Security card</p> <p><b>Non-Employee &amp; Non-Finance Person</b></p> <p><input type="checkbox"/> Social Security card</p> <p><input type="checkbox"/> Passport</p> <p><input type="checkbox"/> Permanent Resident/Alien Registration</p> <p><input type="checkbox"/> Employment Authorization card</p> <p><input type="checkbox"/> Driver's license</p> <p><input type="checkbox"/> ID Card (federal, state, local agency or entity)</p> <p><input type="checkbox"/> Court Order</p> <p><b>Other</b></p> <p><input type="checkbox"/> Name/SSN Change Form</p> <div style="background-color: #e0e0e0; padding: 2px; margin-top: 5px;"><b>SSN CHANGE</b></div> <p><b>Employee/Finance Person</b></p> <p><input type="checkbox"/> Social Security card</p> <p><b>Non-Employee &amp; Non-Finance Person</b></p> <p><input type="checkbox"/> Social Security card</p> <p><input type="checkbox"/> ITIN</p> <p><input type="checkbox"/> W-2c or W-3c or W-9s</p> <p><b>Other</b></p> <p>Name/SSN Change Form</p> | <p><b>NAME CHANGE</b></p> <p>_____</p> <p style="text-align: center;">Previous First Name                      Previous Middle Name</p> <hr/> <p>_____</p> <p style="text-align: center;">Previous Last Name                      Suffix</p> <p><b>SSN CHANGE</b></p> <p>_____</p> <p style="text-align: center;">Previous</p> <hr/> <p>_____</p> <p style="text-align: center;">New</p> <p><b>SIGNATURE OF REQUESTER</b> (the individual whose record is being changed)</p> <p>_____</p> <p style="text-align: center;">Signature</p> |
|---|--|

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

|  |   |   |
|--|---|---|
| <p><b>Notary Statement:</b> 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.</p> |   | <div style="border: 1px solid black; width: 100%; height: 100%; margin: 0 auto;"> <p style="text-align: center;">(Notary Seal)</p> </div> |
| <p>_____</p> <p>Notary's Official Signature</p>  | <p>_____</p> <p>Notary's printed name</p> |   |
| <p>My Commission Expires: _____ Commission County: _____ Date: _____</p>   |   |   |

|   |   |
|---|---|
| Office Use Only:  |   |
| <p><b>Processed by:</b> _____</p> <p><b>Department Name and Number:</b> _____</p> | <p style="text-align: right;"><b>Signature of Processor:</b> _____</p> <p style="text-align: right;"><b>Date:</b> _____</p> |

**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.**