



The College of William and Mary  
 Office of the University Registrar  
 P.O. Box 8795  
 Williamsburg, VA 23187-8795  
 (757) 221-2800 Fax (757) 221-2151  
 registrar@wm.edu

**NAME CHANGE/SSN REQUEST**

**\*\*If you employed at the College of William and Mary, you must submit your name and/or SSN change to Human Resources\*\***

**SECTION A STUDENT INFORMATION**

Current Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ 930# \_\_\_\_\_  
 Student ID # (or provide your SSN to help us to match this form to your records)

Classification (i.e. FR, SO, JR, SR, UNCL) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_ @ \_\_\_\_\_  
 Phone # \_\_\_\_\_

**SECTION B NAME CHANGE INFORMATION**

**CHANGE OF NAME** (*Copy of Supporting Documentation required – New Social Security card if US citizen or Passport or if non-US citizen, I-94.*)

Former Name \_\_\_\_\_  
 (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

New Name \_\_\_\_\_  
 (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

**Supporting Documentation Provided:**  
 \_\_\_\_\_  
 (Social Security card or Passport)

**SECTION C NAME CHANGE DOCUMENTATION**

**SOCIAL SECURITY NUMBER CHANGE** (*Copy of NEW signed Social Security Card Required*)

Former SSN \_\_\_\_\_ New SSN \_\_\_\_\_

**Copy of SS Card Provided**

**SECTION D STUDENT ACKNOWLEDGEMENT**

STUDENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Received: \_\_\_\_\_ Processed: Initials \_\_\_\_\_ Date \_\_\_\_\_