



William & Mary
Office of the University Registrar
Blow Memorial Hall Room 240
P.O. Box 8795
Williamsburg, VA 23187-8795
(757) 221-2800 Fax (757) 221-2151
registrar@wm.edu

CHANGE REQUEST
NAME/SSN/CITIZENSHIP/LEGAL SEX

NOTE:

If you are employed at William & Mary, submit your name and/or SSN change to Human Resources.

SECTION A STUDENT INFORMATION

Name (Last) _____ (First) _____ (MI) _____ 93# _____
Student ID # (or provide your SSN to help us to match this form to your records)

(_____) _____ E-Mail: _____@_____
Phone # _____

SECTION B NAME CHANGE

NAME CHANGE
(Documentation required: please provide copy of signed Social Security card if US citizen OR, if non-US citizen, passport)
IMPORTANT NOTE: Please do not email your Social Security Card, instead fax or postal mail a signed copy to our attention.

Former Name (Please print clearly) _____
(Last) _____ (First) _____ (Middle) _____

New Name (Please print clearly) _____
(Last) _____ (First) _____ (Middle) _____

SECTION C SOCIAL SECURITY NUMBER CHANGE OR CORRECTION

SOCIAL SECURITY NUMBER CHANGE (Please provide a copy of your new signed Social Security Card)

Former SSN _____ New SSN _____

SECTION D CITIZENSHIP CHANGE

CITIZENSHIP STATUS CHANGE
(Documentation required: copy of Naturalization Certificate or Permanent Resident Card)

SECTION E CHANGE OF LEGAL SEX

LEGAL SEX
(Documentation required: copy of Form SSA-2458 Report of Confidential Social Security Benefit Information or copy of letter from Social Security Administration indicating legal change). Contact our office if you have questions or need assistance.

STUDENT ACKNOWLEDGEMENT

STUDENT SIGNATURE: _____ Date: _____ / _____ / _____

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

Received: _____ Processed: Initials _____ Date _____