

Office of the Registrar

Name and/or Social Security Number Change Request Form

For Office Use Only
Date Received: _____
Date Processed: _____
Processed by: _____

Student ID: _____

Current Name of Record: _____
Last First Middle

New Name of Record: Please print.

_____ Last First Middle

Valid Picture ID: _____
Indicate ID type here.

AND

Passport: or **NOTE: Acceptable document ONLY for International students.**

Birth Certificate: or

Marriage License: or

Divorce Decree: or

Other: _____
Indicate court order here.

New Social Security Number: _____

Please print.

Name: _____
Last First Middle

Current Social Security Number of record: _____

The following documentation is provided to substantiate this request.

Valid Picture ID: _____
ID type.

AND

Social Security Card:

If you have questions, please contact registrar@hbu.edu. Please submit the completed form and appropriate documentation to the Office of the Registrar.

Student's Signature: _____

Date: _____