



# UNIVERSITY AT ALBANY

State University of New York

## **Request to Change Legal Name and/or Social Security Number**

**Please attach at least two valid forms of Identification (at least one Photo ID is required):**

- ☐ Driver's License
- ☐ U.S. Military Card
- ☐ NYS Identification Card
- ☐ Divorce/Marriage Certificate
- ☐ Court Action
- ☐ Social Security Card (required for Employees and to change your social security number)
- ☐ U.S. Passport or U.S. Passport Card

**Current** Last Name \_\_\_\_\_ **Current** First Name \_\_\_\_\_

Student ID # 00- \_\_\_\_\_

**New** Last Name \_\_\_\_\_ **New** First Name \_\_\_\_\_

**New** Middle Name or Initial \_\_\_\_\_ UAlbany E-mail address \_\_\_\_\_

**Current** Social Security # \_\_\_\_\_

If applicable, **New** Social Security # \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_

If you answer yes to the following questions, you must contact Human Resources (518) 437-4700 to make changes to your name or social security number for payroll and/or benefits purposes. Additional documentation may be required.

Are you currently employed at the University of Albany?    \_\_\_Yes    \_\_\_No

Are you a Graduate, Research or Teaching Assistant, Work Study Student?    \_\_\_Yes    \_\_\_No

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Office Use Only:**

(Registrar) processed by \_\_\_\_\_ Date \_\_\_\_\_

DARS change processed by \_\_\_\_\_ Date \_\_\_\_\_