



PERSONAL IDENTIFICATION CHANGE FORM

REQUIRED IDENTIFICATION

Two valid forms of identification are required. ID provided **must** demonstrate the requested change.

Provide at least one from this column:	<input type="checkbox"/> Social Security Card <input type="checkbox"/> Court Action <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage/Divorce Certificate <input type="checkbox"/> I-20 <input type="checkbox"/> DS-2019	Add/ Update your SSN/ITIN on myUAlbany 1) Log into your myUAlbany portal 2) Click on the <i>Add/Update Your SSN/ITIN</i> Link under the Other Links box on the Student Home Tab 3) Follow instructions on page. Click Submit.
<input type="checkbox"/> Driver's License <input type="checkbox"/> U.S. Military Card <input type="checkbox"/> NYS Identification Card <input type="checkbox"/> Passport or Passport Card		

Name _____ Student ID # 00-_____

Phone Number () _____ UAlbany E-mail _____@albany.edu

Undergraduate Graduate Other _____

NAME CHANGE

Current Name in System:

Last Name First Name Middle Initial/Name

New Name:

Last Name First Name Middle Initial/Name

GENDER CHANGE *Two forms of ID required, one of the following **must** be provided: DMV (state government issued) License or Passport.*

Gender Update: Male Female

DATE OF BIRTH CORRECTION

OTHER DEMOGRAPHIC CHANGE

_____/_____/_____
Month / Day / Year

*If you answer **Yes** to either of 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:

PS / Help Desk Ticket processed by _____ Date _____ DARS processed by _____ Date _____