

REQUEST FOR NAME/SSN/DOB UPDATE

All requests must be accompanied by a legible copy of government-issued photo ID.

THE GEORGE
WASHINGTON
UNIVERSITY

WASHINGTON, DC

Current Information:

_____	_____	_____
Last Name	First Name	MI
_____	_____	
GWid	Date of Birth	
_____	_____	
Daytime Phone Number	Email Address	

Change of Name:

When submitting a request for a Change of Name, the appropriate supporting documentation must accompany the request. Documents typically include, but are not limited to:

- Marriage Licenses · Legal Name Changes
- Divorce Decrees (only the page stating your name change is required)

All court documents must include the signature of the Judge and/or Clerk.

I hereby request to change my name on my official student record.

Please list my new official name as:

New Last Name

New First Name

New Middle Name

For reporting purposes please list my gender as:

Male Female

Enclosed is a copy of my (please check one):

Marriage License

Court Document

Divorce Decree

Note: Photo ID is required in addition to the proof of name change.

Change of Social Security Number:

I hereby request to change the Social Security Number (SSN) I have on file at the university. New SSN: _____
(You must submit a copy of your Social Security card and photo ID with this request)

Date of Birth Correction:

I hereby request to correct the date of birth I have on file at the university. New DOB: _____
(You must submit a copy of your photo ID with this request)

Signature and Date:

I request that the change(s) listed above be made to my official student record.

Signature (required)

Date

Office of the Registrar

Colonial Central
800 21st St., NW
Marvin Center
Ground Floor
Washington, DC
20052

Phone:
(202) 994-4900

Fax:
(202) 994-0282

Email:
registrar@gwu.edu