

REQUEST FOR NAME/SSN/DOB UPDATE

All requests must be accompanied by a legible copy of government-issued photo ID. If you are or have **ever** been employed by the university, changes **must** be made at the Faculty & Staff Service Center, 2121 I Street, NW, Suite 101.

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.

I am not currently, nor have I ever been, employed by the university.

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