

STUDENT NAME CHANGE

920 _____
Student ID Number Name Change Reason

Previous Name (*print clearly*): _____
Last First Middle

New Name (*print clearly*): _____
Last First Middle

Student Employee (Work Study / Non-Work Study / Graduate Assistant):

*You must present in person your original **SOCIAL SECURITY CARD** (not a copy)*

Social Security Card (verified by: _____)
Name Printed Clearly WCU Office

Non-Student Employee must provide one of the following:

- Social Security Card
- Marriage Certificate / License
- Court Order Document
- Drivers License / DMV Identification Card
- Passport (mandatory for SEVIS tracked students)
- Birth Certificate
- Alien Registration Card
- Dissolution of Marriage Decree
- Valid Military ID
- BIA ID Card or federally recognized tribal enrollment card with photo and signature

_____ (**initial**) I certify that I **am not** a student employee of Western Carolina University, therefore I may provide copies of any of the above listed documents.

Fax, Email, Mail or Hand Deliver:

Office of the Registrar
206 Killian Annex
Cullowhee, NC 28723
registrar@wcu.edu
(828) 227-7217

Signature: _____ **Date:** _____

Note: Upon completion, please submit form to the Office of the Registrar, 206 Killian Annex, for processing.

OFFICE USE ONLY	
Processed by: _____	Date: _____