



Office of Records and Registration  
 Eastern Michigan University  
 304 Pierce Hall • Ypsilanti, MI 48197  
 Phone: (734) 487-4111 • Fax: (734) 487-6808  
 registrar@emich.edu

## Name Change Form

The required information is necessary for the continuous legitimate business and educational operation of Eastern Michigan University. It is, and will be, maintained in compliance with applicable US law, educational accrediting body requirements, and institutional policies and procedures. Questions or concerns may be directed to the Office of Records and Registration at [registrar@emich.edu](mailto:registrar@emich.edu).

*\* Denotes optional items that are not used in any admissions process, but help EMU to better identify and serve students.*

<b>Current Name:</b>	<b>EID:</b>
<b>Preferred First Name:</b>	<b>Last 4 of SSN*:</b>
<b>New Name:</b>	<b>Email:</b>
<b>Date of Birth:</b>	<b>Phone:</b>
<b>Please include any other names under which you may have been associated with Eastern Michigan University:</b>	
<b>Check all that apply:</b>	
Student ____ Faculty/Lecturer ____ Staff/Student Employee ____ Alumni ____	
<b>Copies of Required Documentation:</b>	
<ul style="list-style-type: none"> <li>✓ <b>Employees/Student Employees: Social Security Card with new name required.</b></li> <li>✓ Students/Alumni: Driver's License, Social Security Card, Marriage License, Divorce Decree or other Court Document showing name change.</li> </ul>	
<b>Return this form, with proper documentation, to the appropriate office below:</b>	
<ul style="list-style-type: none"> <li>• Faculty/Lecturers/Adjunct Lecturers: Academic Human Resources, 202 Boone Hall</li> <li>• Staff: Administrative Human Resources, 140 McKenny Hall</li> <li>• Students/Student Employees: Office of Records and Registration drop-box, 303 Pierce Hall <b>OR</b> Service EMU, 268 Student Center</li> </ul>	
<b>Students please note:</b> Future employment verification may require a copy of a social security card to ensure the name and social security number on record match the name and number on the social security card.	

### Statement of Responsibility:

I assume responsibility for the consequences or problems that may occur as a result of this change of my name. There is no intent on my part to defraud Eastern Michigan University.

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

\_\_\_\_\_  
**Date**

### FOR OFFICE USE ONLY

#### WHEN ACCEPTING NAME CHANGE FORMS:

1. Check person's role on GUASYST.
2. Request proper documentation based on person's role at EMU. See Required Documents section above.
3. If person is an employee/student employee – request SSN card with new name. Update name on Banner and verify that SSN is correct on Banner. If not, update the SSN on Banner. **Do not keep copy of SSN card.**

Name change processed by (initial) \_\_\_\_\_ on (date) \_\_\_\_\_ Banner SSN verified/changed (if employee) \_\_\_\_\_