

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 registrat@emich.edu.

* Denotes optional items that are not used in any admissions process, but help EMU to better identify and serve students. **Current Name:** Preferred First Name: Last 4 of SSN*: **New Name:** Email: Date of Birth: Phone: Please include any other names under which you may have been associated with Eastern Michigan University: Check all that apply: Student ____ Faculty/Lecturer ___ Staff/Student Employee ____ Alumni ____ Copies of Required Documentation: Employees/Student Employees: Social Security Card with new name required. ✓ Students/Alumni: Driver's License, Social Security Card, Marriage License, Divorce Decree or other Court Document showing name change. Return this form, with proper documentation, to the appropriate office below: Faculty/Lecturers/Adjunct Lecturers: Academic Human Resources, 202 Boone Hall Staff: Administrative Human Resources, 140 McKenny Hall Students/Student Employees: Office of Records and Registration drop-box, 303 Pierce Hall OR either Service EMU location - McKenny or 268 Student Center Students please note: 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. Request proper documentation based on person's role at EMU. See Required Documents section above.

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) __