

Name & Social Security Number Change

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PLEASE PRINT legibly and allow a minimum of ONE WEEK for processing.
Include the required documentation as indicated below.

**A COPY OF ONE OF THESE OFFICIAL DOCUMENTS MUST BE SUBMITTED
OR THE CHANGE CANNOT BE MADE:**

- Social Security Card
- Driver's License
- Court Ordered name Change Document

New Name: _____

Date of Birth: _____

Southeast ID: _____

Name Change:

Name as it currently appears on my Southeast records: (Please Print)

Last First Middle

Name change requested: (Please Print)

Last First Middle

Preferred First Name (If Applicable): _____

Social Security Number Change:

Social Security Number in system: _____

Correct Social Security Number: _____

Signature: _____ **Date:** _____

(Signature is required for all changes.)

OFFICE PERSONNEL USE ONLY
Documentation _____
Banner _____
BDM _____