



Name Change Form

NSU ID _____

New Name _____

Previous Name _____

Signature _____ Date _____

*Please provide one of the following original documents issued with new name: Social Security Card, Marriage Certificate/License, Court Order Document, Driver's License, Passport, or Military ID card.

Copy of original document in space above. If not enough space, attach an additional page or copy on back of this form before student fills in top portion.

Office use only

Date of Change _____

Initials of person changing information _____

Voluntary Disclosure:

It is unlawful for NSU to deny any individual any right, benefit, or privilege provided by law because the individual refuses to disclose his or her social security number except in limited circumstances. NSU requests the voluntary disclosure of your social security number on this form. If provided, NSU will use your Social Security Number for the authorized uses found in The NSU Social Security Number Usage Policy, Appendix I [on NSU's website](#).