Change of Personal Information Request

INSTRUCTIONS

- All requests require student signature and photo identification. Some requests require additional documentation
- Students may submit the completed form with required documentation to the SUU Registrar's or Admissions Office
- Contract employees may submit the completed form with required documentation to the Human Resources Office
- Required Documentation in addition to student or faculty/staff identification card:
  - Name change – Government photo identification **OR** Social Security Card
  - Date of Birth – Government photo identification **OR** Birth certificate
  - Social Security Number – Social Security Card
  - Gender - Government photo identification **OR** Court documents
  - Citizenship – Birth certificate, passport, permanent resident card, naturalization documentation
- If submitted via fax, MUST be accompanied by a readable phot ID. If submitted as an email attachment, MUST be submitted using an address associated with the student record in the SUU student information system (Banner).

SUU ID Number (T#) _____ or SSN _____

Name as currently appears in SUU records_____

REQUESTED RECORD CHANGES – Please check all that apply

❑ Name _____ _____ _____
Last Name First Name Middle Name or initial

❑ Address Street: _____

City: _____ State: _____ Zip Code _____

Mark all address types you wish to change

❑Permanent ❑Local ❑Mailing (where paychecks are mailed) ❑Billing ❑W-2 (where W-2 is mailed)

	CURRENT	REQUESTED CHANGE
❑ Date of Birth	_____	_____
❑ Email	_____	_____
❑ Phone	_____	_____
❑ Social Security Number	_____	_____
❑ Citizenship	_____	_____
❑ Gender	❑Male ❑Female	❑Male ❑Female

- Southern Utah University is not responsible for lost or missing checks/W-2 forms mailed through the U.S. Postal Service
- If a check is lost due to an incorrect address, you will be responsible for providing a $20 stop payment fee.
- If your address changes, it is your responsibility to contact the Human Resources or Registrar's Office.

By signing this document you acknowledge, understand, and accept the above responsibilities.

_____ _____ _____
Signature Date Daytime Phone