

# Name or Social Security Number Change

**Who needs to use this form?** Current and former students who wish to declare a legal name or social security number change.

**Important Notes:** If you are a current student, your email address will be updated when your name is changed. The Registrar's Office will contact Minnesota State IET on your behalf and follow up with you to complete the last step for your email address update to take effect.

**How to Submit:** All students must complete sections one and four. Complete section two for a name change and section three for a social security number change. Submit this form, along with legal documentation, to the Gateway Student Services Center in person or by mail. Metro State University reserves the right to request more than one form of documentation for verification purposes.

## SECTION 1: CURRENT STUDENT INFORMATION

Current last name	Current first name	Current middle name
_____	_____	_____
Birth date (MM/DD/YYYY)	Metro State student ID number	Metro State email address
_____	_____	_____
Phone number (with area code)	_____	
Are you a U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No		
If no, type of visa: <input type="radio"/> F1 <input type="radio"/> Other _____		
Staff: Check with International Student Services		

## SECTION 2: NAME CHANGE

For current students, once your name change has been processed, your display name will change and will impact the name you and others see displayed via Microsoft Office 365 (O365), D2L, email, class rosters, and official records.

Effective date (MM/DD/YYYY) _____	<input type="checkbox"/> I have included a copy of legal documentation of this change. Examples include: birth certificate, marriage license, court order, naturalization document, divorce decree (please include only pages indicating name change).
New last name	New first name
_____	_____
New middle name	_____

## SECTION 3: SOCIAL SECURITY NUMBER CHANGE

Effective date (MM/DD/YYYY) _____	<input type="checkbox"/> I have included copies of my new social security card and a photo ID.
New social security number: _____	

## SECTION 4: SIGNATURE

I request and authorize Metro State University to change my university record using the included legal documentation.

Signature: \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_

Contact us: [gateway@metrostate.edu](mailto:gateway@metrostate.edu) | 651.793.1300