

Change/Update Request

Name/SSN/Citizenship/Residency



WASHINGTON UNIVERSITY of VIRGINIA

Student ID	Name	Program
DOB (mm/dd/yy)	E-mail	Contact Number

NAME CHANGE (Student / Employee) - Please print clearly

FORMER NAME

First Name _____ Last Name _____

NEW NAME

First Name _____ Last Name _____

DOCUMENTATION REQUIRED - Please provide copy of signed Social Security Card

SOCIAL SECURITY NUMBER UPDATE/CHANGE/CORRECTION

FORMER SSN _____ **NEW SSN** _____

DOCUMENTATION REQUIRED - Please provide copy of your new signed Social Security Card

CITIZENSHIP STATUS CHANGE

FORMER STATUS _____ **NEW STATUS** _____

DOCUMENTATION REQUIRED - Please provide copy of Naturalization Certificate

REGIDENCY STATUS CHANGE

FORMER STATUS _____ **NEW STATUS** _____

DOCUMENTATION REQUIRED - Please provide copy of Permanent Resident Card

Applicant _____ Date _____
Signature

OFFICE USE ONLY

Received: _____
Initial _____ Date _____