

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

Please submit the completed form to the registrar office of WUV via email: registrar@wuv.edu

OFFICE USE ONLY

Received: _____
Initial Date