Request to Change Legal Name, DOB and/or Social Security Number

What are you attempting to change: Name ( ) SSN ( ) Date of Birth ( ); Are you an ECU employee: Yes ( ) No ( )

ECU Employee (never enrolled at ECU and has no current plans to do so)

Typically, all that is required is to submit legible high quality copies of the following documents (see below). Documents must be submitted along with this form in person or by fax (580-559-5432) to the Records Office (Admin Building 111). Neither this form or the supporting documentation will be accepted via email.

- ^Valid Photo State/Government ID (if changing name or DOB, id must reflect the change)
- *Official Name Change Document (marriage license, divorce decree, court order, etc.)
- **SSN Card (if changing your name, the card must show the new name)
- ***Copy of Birth Certificate (must show the name you intend for ECU to have on record)

^Required for all changes to student record (Name, DOB or SSN)
**Required For Name Change*
***Required for Name and/or SSN Change*
****Required only if changing DOB*

ECU Student (Past/Present/Future – regardless of ECU employment status)

If approved, your change will only take place immediately *if not* enrolled for the current academic term. If enrolled for the current term, the change will take place after the current term ends, but before the start of the following term.

Approval to change name, DOB or SSN will be dependent upon the new information matching any existing FAFSA (Federal Aid Free Student Application) records for the current as well as future academic year**. If a non-match is found your request will be denied.** If denied, you will be notified by email of when you can resubmit for the desired change. How long you must wait before resubmitting will depend on your enrollment record and whether the non-matching FAFSA is for the current or the following academic year. ECU will not permit name, DOB or SSN changes that conflict with the existing FAFSA record.

To submit your request, the following documents must be turned in along with this form either in person or by fax (580-559-5432) to the Records Office (Admin Building 111). Neither this form or the documentation will be accepted via email.

- ^Valid Photo State/Government ID (if changing name or DOB, id must reflect the change)
- *Official Name Change Document (marriage license, divorce decree, court order, etc.)
- **SSN Card (if changing your name, the card must show the new name)
- ***Copy of Birth Certificate (must show the name you intend for ECU to have on record)

^Required for all changes to student record (Name, DOB or SSN)
**Required For Name Change*
***Required for Name and/or SSN Change*
****Required only if changing DOB*

This form will be denied if the following information is not clearly LEGIBLE and COMPLETE

Current Name in ECU Record: _____
(First Name) (Middle Name) (Last Name)
New Name (leave blank if not changing name): _____
(First Name) (Middle Name) (Last Name)

Current Date of Birth in ECU Record: _____
New Date of Birth (leave blank if not changing DOB): _____

Current SSN in ECU Record: _____
New SSN (leave blank if not changing SSN): _____

Signature: _____

**Signature must be clearly legible and reflect your legal name at the time of submitting this form. Do not sign your name as a sign or symbol.*
When processed, a notification will be sent to the Bursar, Financial Aid, and Employment Services. If SSN is being updated, a notification will also be sent to the Office of Admissions.

FORM WILL NOT BE ACCEPTED WITHOUT A SIGNED COPY OF THE STATEMENT ON PAGE 2

STATEMENT OF ATTESTATION CONCERNING NAME LISTED ON FAFSA

Instructions: Check the box that applies to you

☐**I have not submitted a Federal Application for Student Aid (FAFSA) either for the current or upcoming academic year. Therefore, I have no FAFSA record to update with my new name, SSN or DOB information.**

☐**I have submitted a Federal Application for Student Aid (FAFSA) for the current and/or upcoming academic year. Per the instructions on Page 1, I hereby declare, attest to, and proclaim that my FAFSA record matches the new information (Name, DOB or SSN) that I am requesting as an update to my educational record. I understand that if this attestation is found to be false, that my ECU account will be placed on hold and I will be blocked from further course registration until the matter is resolved.**

All Information below must be LEGIBLE and COMPLETE or this form will not be accepted. Your signature may not be a symbol or sign, but must reflect your legal name at the time of submitting this document. Both Page 1 and Page 2 must be submitted together.

Printed Name:_____

(First Name) (Middle Name) (Last Name)

Signature: _____

(First Name) (Middle Name) (Last Name)