

MAU/Major Administrative Unit (select one) UAA UAF UAS SW	Department
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University of Alaska

REQUEST FOR CHANGE

Address, Name, Marital Status, SSN

Name: _____ Date of Birth _____ / _____ / _____
Last First Middle Month Day Year

Student _____ Employee ID#: _____ Vendor _____
Cell Home Work Phone Number (____) _____ - _____

Email: _____ Alt. Email: _____

ADDRESS CHANGE Check each address you want to change.

Permanent Address PR Mailing Address MA <small>Update at www.UAOnline.alaska.edu, no form required.</small>	Employee Related Address HR <small>Will affect mailing of pay statement and W-2.</small>	Foreign Permanent Address SF U.S. Physical Address SU <small>For F or J Visa holder only</small>
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New Address: _____

 City: _____ State: _____ Zip: _____
 County: _____ Province: _____

check all that apply
 New Phone home cell work
 (____) _____ - _____
 New Phone home cell work
 (____) _____ - _____
 Check here if number is for hard copy only—
 not to be entered into banner

In order to make changes listed below to your official student record, we will need a copy of one of the following items:
 Driver's License Passport Permanent Resident Card
 Social Security Card (required for SSN changes or if you are a past/present university employee)

NAME CHANGE Requires current social security card (employees only).

Former Name: _____
Last First Middle

Current Name*: _____
Last First Middle

*Your current name must appear on any documents that you submit in support of your request.

MARITAL STATUS CHANGE

I am now: Single Married Divorced Separated Widowed

SOCIAL SECURITY NUMBER CORRECTION Requires current social security card.

Correct SSN: _____ - _____ - _____ Incorrect SSN: _____ - _____ - _____

Your Social Security Number (SSN) is required for tax, employment and federal financial aid purposes. All information including your SSN, will be kept confidential and secure as outlined by state and federal laws. An assigned number is used for University records; however, a portion or all of the SSN may be used for identity verification by systems and software application.

I request the above change(s) be made in official University records in accordance with University policy and this form.

X _____
Signature _____
Date

CHECK GUASYST: <input type="checkbox"/> Student <input type="checkbox"/> Fin Aid <input type="checkbox"/> Employee <input type="checkbox"/> Finance A/R	OFFICE USE ONLY
Processing: Student _____ International _____ HR _____	
Forward to: <input type="checkbox"/> IT <input type="checkbox"/> HR <input type="checkbox"/> International <input type="checkbox"/> Registration <input type="checkbox"/> Finance	
SPACMNT: <input type="checkbox"/>	Date Rec'd: _____