

STUDENT NAME CHANGE

920 _____
Stu _____

Prev Name (print clearly) _____
Last _____ first _____ M _____ middle _____

New Name (print clearly) _____
Last _____ first _____ M _____ middle _____

Student Employee (Work Study / Non-Work Study / Graduate Assistant):

You _____ SOCIAL SECURITY (not a copy) CARD

Social Security Name Printed Clearly WCU Office

Non-Student Employee must provide _____ provide one of the following

- Social Security
- Marriage Certificate / License
- Court Order
- Driver's License / DMV Identification Card
- Passport (mandatory for SEVIS tracked student)
- Birth Certificate
- Alien Registration Card
- Dissolution of Marriage
- Valid Military ID
- BI-101 ID Card or federally recognized tribal enrollment card with photo and signature

_____ (initial) I certify that I am not a student, therefore I may provide copies of any of the above listed documents.

Fax, Email or Hand Delivered _____

Office of the Registrar
206 Killian Annex
Culloway
registrar@wcu.edu
(828) 227-7217

Signature: _____ Date: _____