

CHANGE OF PERSONAL INFORMATION

Dat	te			
Ple	ase print current name			
	Last		First	Middle
NU1	ID or SSN			
	To process your request more efficient a full-time, part-time or temporary e		•	
	Please note: If you have been employed wit Resources AND the Office of the University	hin the NU System as Sto	aff, please present a Social Sec	•
	SELECT CHANGES BELO	OW AND ATTACH	COPIES OF REQUIRED I	OOCUMENTATION
	Change my primary name to:			
	Last:	First:	Middle:	Suffix:
	(DOCUMENTATION REQUIRED: V	Valid Driver's License, Marria	ge License, Court Order, or Social Se	curity Card – all in new name)
	Change my date of birth to:			(DOCUMENTATION REQUIRED: Birth certificate)
	Change my Social Security Numb	oer	(DC	OCUMENTATION REQUIRED: Social Security Card)
	Change my Social Security Numb	er to an ITIN (Individ	lual Taxpayer Identification Nur	
	Change my Legal Sex to: Fem (DOCUMENTATION REQUIRED: Valid Driver's Licer			ment DMV form, or Birth Certificate – with new legal :
abo	ertify that the above change is correct ove. I hereby authorize that my inform ords at the University of Nebraska Or	ation above be char		
Stud	dent Signature		Date	