CHANGE OF PERSONAL INFORMATION

Date			
Please print current name			
Last	i	First	Middle
NUID or SSN			
	cary employee, Graduate yed within the NU System as S	Assistant, Teaching Assi	stant, student worker or work study. ecurity Card to both UNO Human
SELECT CHANGES	BELOW AND ATTACH	COPIES OF REQUIRED	DOCUMENTATION
Change my primary name to	o:		
Last:	First:	Middle:	Suffix:
		age License, Court Order, or Social S	
Change my date of birth to:			(DOCUMENTATION REQUIRED: Birth certificate)
Change my Social Security N	Number	((DOCUMENTATION REQUIRED: Social Security Card)
Change my Social Security N	lumber to an ITIN (Indiv	idual Taxpayer Identification N (DOCUMENTATION REQUIR	umber) = = ED: ITIN Card)
Change my Legal Sex to: (DOCUMENTATION REQUIRED: Valid Drive			gnment DMV form, or Birth Certificate – with new legal :
I certify that the above change is co above. I hereby authorize that my in records at the University of Nebras	nformation above be cha		cumentation of the correction(s) subsequent entries to my permanent
Student Signature		Date	