

REQUEST FOR CHANGE OF NAME

WASHINGTON STATE UNIVERSITY
 PAYROLL SERVICES
 FRENCH ADMINISTRATION 236
 PO BOX 641024
 PULLMAN, WA 99164-1024
 509-335-9575
 FAX 509-335-1472
 E-MAIL payroll@wsu.edu

Complete and submit with supporting documents to Payroll Services.
 See below for list of acceptable supporting documents.
 See also *BPPM 90.75* for further information.

SOCIAL SECURITY NUMBER *	WSU ID NUMBER	DATE OF BIRTH Month Day Year
--------------------------	---------------	-------------------------------------

* Disclosure of a social security number (SSN) is voluntary and is not requested pursuant to statutory authority. Your SSN is solicited to assist in performing WSU's functions to associate this information to other files, such as personnel, payroll, and benefits relating to you only.

INCORRECT NAME

LAST	FIRST	MIDDLE
------	-------	--------

CORRECT NAME

LAST	FIRST	MIDDLE
------	-------	--------

ENROLLMENT STATUS (Check as applicable.) <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Former Student	CLASSIFICATION (Check as applicable.) <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Faculty <input type="checkbox"/> AP <input type="checkbox"/> Classified <input type="checkbox"/> Non-Student Employee <input type="checkbox"/> Retired Employee	INTERNATIONAL STUDENT OR SCHOLAR ** (Check visa type as applicable.) <input type="checkbox"/> F-1 <input type="checkbox"/> TN <input type="checkbox"/> H-1B <input type="checkbox"/> Other: _____ <input type="checkbox"/> J-1
--	--	---

** An international student or scholar requesting a name change must present or attach a copy of an updated passport which reflects his or her new name, in addition to submitting this form and the supporting documents described below.

SUPPORTING DOCUMENTS*** (Check to indicate the documents provided or attached, per the requirements below.)

CERTIFIED LEGAL DOCUMENT AND PHOTO ID (Provide one certified document and one photo ID.) <input type="checkbox"/> Certified Copy of Court Order and a Photo ID <input type="checkbox"/> Certified Copy of Marriage Certificate and a Photo ID <input type="checkbox"/> Certified Copy of Dissolution Decree and a Photo ID <input type="checkbox"/> Unexpired Passport and a Photo ID

OR

PROOF OF USAGE DOCUMENTS (Provide a minimum of three.)*** <input type="checkbox"/> Current Driver's License <input type="checkbox"/> Social Security Card <input type="checkbox"/> State-Issued ID Card <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Military ID Card <input type="checkbox"/> Car Registration <input type="checkbox"/> CougarCard <input type="checkbox"/> Credit Card (one only) <input type="checkbox"/> Birth Certificate

***NOTE: At least one of the supporting documents must include date of birth, photograph, and signature of new name.

I request my name to be changed on official Washington State University records. In support of this request, I am providing or attaching identification documents with my new name in full, as indicated above. I certify that the identification information I am providing is true and correct.

SIGNATURE	DATE
-----------	------

**Submit completed form and supporting documentation to Payroll Services using one of the following methods:
 In person, by postal mail, by fax, or by electronic mail. See Payroll Services' contact information above.**

NOTE: After Payroll Services processes a name change, a student who holds a degree from WSU may order a new diploma. To order new bachelor's or professional degree diplomas, contact the Registrar's Office; e-mail wsu.graduations@wsu.edu; telephone 509-335-9506. To order new masters or doctoral degree diplomas, contact the Graduate School; e-mail gradschool@wsu.edu; telephone 509-335-1446.

PAYROLL SERVICES USE ONLY

DATE ENTERED
APPROVED BY (Enter initials.)