

2000 Clayton State Boulevard Morrow, GA 30260-0285 Phone: (678) 466-4145

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## NAME, GENDER, OR SOCIAL SECURITY CHANGE REQUEST

Prior Last Name	Prior First Name	Prior Middle Name
New Last Name	New First Name	New Middle Name
New Last Name	New I list Name	New Whale Warne
Laker ID	Email Address	Telephone Number
Have you submitted a graduation	on application? □ No □ Yes* *If yes, for	which term?
*Please note that your le	gal name on record at Clayton State University wi	ill be the name printed on your diploma
Select the reason for the chang	je:	
☐ Marriage—Requires an origina reflecting your new name	ll or certified copy of your marriage certificate <b>OR</b> e.	a government-issued photo ID
☐ Legal Change—Requires an o your new name.	riginal or certified copy of the court order <b>OR</b> a go	overnment-issued photo ID reflecting
☐ Divorce—Requires an original new name.	or certified copy of the divorce decree <b>OR</b> a gove	ernment-issued photo ID reflecting your
☐ Adoption—Requires an origina new name.	ll or certified copy of the court order <b>OR</b> a government	ment-issued photo ID reflecting your
☐ Spelling Error—Requires an or reflecting your name.	riginal or certified copy of your birth certificate <b>OR</b>	a government-issued photo ID
☐ Gender Change—Requires an the change.	original or certified copy of the court order <b>OR</b> a	government-issued photo ID reflecting
☐ Social Security Number—Requ	uires your current Social Security card (no copies)	) <b>AND</b> a government-issued photo ID.
Old SS Number:	New SS Number	·:
Signature		Date