

Received by _____

Date _____

Enrollment Services
Updated 12/07

University of North Florida

NAME/SOCIAL SECURITY AND ADDRESS CHANGE FORM

- NAME and SOCIAL SECURITY NUMBER CHANGES **need documentation**, which will be filed in student's record (marriage/divorce papers, driver's license, court order, social security card, etc.)
-

Student Number: N _____

Name: _____
(Last) (First) (Middle)

Please check here if you will be graduating this term.

Check if you are receiving Veteran's benefits from UNF.

Check if you are in the Athletic program at UNF.

To Change Name or Social Security Number: (need documentation)

Old Social Security Number: _____/_____/_____

New Social Security Number: _____/_____/_____

New Name: _____
(Last) (First) (Middle)

To Change Address:

New Mailing Address: _____

City, State, Zip: _____

Country: _____

Telephone Number: (_____) _____ Email: _____

Other Numbers (optional): _____

Update Emergency Contact:

Name: _____

Address: _____

City, State, Zip: _____

Country: _____

Telephone Number: (_____) _____ Work: (_____) _____

Relationship: _____

Student's Signature: _____ Date: _____

Processed by: _____

Date: _____