

# UNIVERSITY OF INDIANAPOLIS

OFFICE OF THE REGISTRAR

## CHANGE OF INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student ID \_\_\_\_\_ Date \_\_\_\_\_

*All University employees MUST change name, SSN and/or address through HR, Esch 044*

**\*\*ONLY COMPLETE THE INFORMATION THAT NEEDS TO BE CHANGED\*\***

Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

SSN \_\_\_\_\_

Change of name and/or SSN requires a copy of legal documentation (SSN card, driver's license, passport, etc.)

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

For address, choose one:  Permanent  Local

Phone \_\_\_\_\_

For phone, choose one:  Permanent  Cell Phone

**Office Use Only**

Processed by \_\_\_\_\_  
Date \_\_\_\_\_