

Name/Social Security Number Change Form

• Students must type directly on this form or print legibly • After completion, return form to: By mail or fax: Clarion University In Person: Clarion Campus 148 Becht Hall Registrar's Office 840 Wood Street Venango College Clarion, PA 16214 **Venango Administration** Fax: 814-393-2039 200 Frame Hall • Be sure to attach a copy of the appropriate documentation to this form. You may also present original documents in person and we will photocopy the original document for our files. If you have any questions, please contact us at (814) 393-2229 or at registrar@clarion.edu Clarion ID Number/SSN ______ Daytime Phone _____ Print CURRENT NAME on file: ______ First ______ Middle _____ Name Change: Print NEW AUTHORIZED NAME: Last ______ Middle _____ My name has been changed for the following reason: (check all that apply) Passport Adoption Marriage Court Order Divorce Correction Effective date of change _____ A CERTIFIED COPY OF ANY LEGAL DOCUMENT AUTHORIZING A NAME CHANGE MUST ACCOMPANY THIS FORM. (Examples: marriage certificate, court order, social security card) Social Security Number Change: Incorrect social security number: Correct social security number: __ Bring original Social Security card to 148 Becht Hall. We will photocopy the original document for our files. Form Will Not Be Processed Without Student's Signature. Student's Signature _____

Proof Verified By ______ Date _____