University of Alaska
Change Form

MAU/Major Administrative Unit (circle one) UAA UAF UAS SW	Department
Last Name First M.	
Social Security Number/Student ID	Date of Birth __ __ / __ __ / __ __ mm dd yy

Indicate all areas to change:

☐ Student Related ☐ Vendor Related

☐ Employee Related ☐ Applicant Related ☐ Other _____

Address:

Is this a new address? ☐ Yes* ☐ No

* Changes to Employee-related address will affect mailing of pay statement and W2.

Please print clearly

Mailing Address: _____

_____

City: _____

State: _____ Zip: _____ - _____

Phone: ( ) _____ Type: _____

Phone: ( ) _____ Type: _____

☐ Check here if phone number is for hard copy file records only - not to be entered on the Banner system.

☐ If permanent student address has changed, check here and indicate changes on the back of this form.

Indicate Changes:

☐ **Name**

A name on official records at the University must be the full legal name. A change of name request MUST be supported by legal documentation, i.e., Social Security card (required for employee-related changes), marriage certificate, dissolution or divorce decree, a court order, or a driver's license.

New Name: _____
Last First M.

Old Name(s): _____
Last First M.

_____
Last First M.

☐ **Marital Status**

☐ Single (S) ☐ Married (M) ☐ Divorced (D) ☐ Separated (P) ☐ Widowed (W)

Signature: _____ **Date:** _____
Required for all changes

For University of Alaska office use only

DEPT:	TYPE:	ENTERED BY:	DATE:	FORWARDED TO:
Human Resources	HR			
Student				
Vendor				