



Stony Brook University

Request to Change Primary (Legal) Name

- Requires at least **TWO VALID** and **ORIGINAL** forms of Identification (see choices below)
- Both forms of the required identification must show the **NEW** name
- At least **ONE** form of required identification must be a **photo ID**

<u>Last</u> Name (Current Name on SB Records)	<u>First</u> Name (Current Name on SB Records)	Stony Brook ID (as indicated on your Stony Brook ID card)
Home Phone number with area code () -	Daytime (work) phone with area code () -	Today's Date MM / DD / YYYY / /
NEW LAST NAME (family name)		
NEW FIRST NAME		NEW MIDDLE NAME or MIDDLE INITIAL

Are you CURRENTLY an EMPLOYEE at Stony Brook University? YES NO
 If you are a GA or TA or RA, you qualify as an employee.

If you are a current employee, enter your Social Security Number

If current or former employee, complete the entire form and submit to Human Resources, Administration Bldg., Room 390. Bring a Social Security Card reflecting the NEW name. Current Employees with Health Insurance must also speak to a representative in Benefits.

Are you CURRENTLY a STUDENT at Stony Brook University? YES NO
 Are you in an East Campus Health Science program? YES NO
 Are you a degree candidate? YES NO
 If YES, enter the TERM and YEAR you expect to graduate Fall Spring Summer _____ (Year)

**If your ONLY status is STUDENT, complete this form and submit to:
 Stony Brook University, Office of the Registrar, Administration Bldg., Room 276 Stony Brook, NY 11794-1101
 HSC Students: submit form to HSC Office of Student Services, Level 2, Room 271 Stony Brook, NY 11794-8276**

 STUDENT/EMPLOYEE SIGNATURE DATE

<p>OFFICE USE ONLY</p> <p>TWO ID's REQUIRED:</p> <ul style="list-style-type: none"> • at least one photo ID • copy the submitted ID's for files <p><input type="checkbox"/> Driver's License</p> <p><input type="checkbox"/> Divorce/Marriage Certificate</p> <p><input type="checkbox"/> Court Action</p> <p><input type="checkbox"/> I-20</p> <p><input type="checkbox"/> Social Security Card..... Required for Employees</p> <p><input type="checkbox"/> Passport..... Required for non-US citizens</p> <p><input type="checkbox"/> Professional License..... Required for Health Care Employees</p>	<p>Stamp Date Received</p>
	<p>Date of on-line update</p>
	<p>Staff Member Initials</p>