

STUDENT LOAN SERVICE CENTER

Dept 3180 ♦ P.O. Box 6050 ♦ Fargo, ND 58108-6050 ♦ Local 701/231-9545 ♦ Toll Free 1-800-698-7397 ♦ FAX 701-231-9551
Web: <http://www.slscndus.com> E-mail: ndus.slsc@ndus.nodak.edu

NAME CHANGE FORM

Status verification [Mark (x) all that apply.]:

NDUS student*
*Must provide legal documentation such as marriage certificate or court document.

NDUS employee (includes work study, teaching/research assistant, etc.)**
** Updated Social Security card must be presented at the Payroll office prior to processing a name change.

I hereby request that my name, as it appears on my demographic record, be changed as indicated below. (This change will also appear on academic records created in the ND University System after September 1982):

Complete
Legal Name _____
Last First Middle

Most Recent
Former Name _____
Last First Middle

Other Former
Names _____
Last First Middle

Social Security Number _____ - _____ - _____ Birth Date _____

NAID# _____

I am **currently enrolled or employed** at the following (Circle all that apply.):

NDSU BSC DSU MaSU MiSU MiSU-B NDSCS UND LRSC WSC VCSU

I **have been enrolled or employed** previously at the following (Circle all that apply.):

NDSU BSC DSU MaSU MiSU MiSU-B NDSCS UND LRSC WSC VCSU

Signature: _____ Date: _____

Authorization Routing: Registrar's Office (re: students)	Approval Signature _____
Payroll Office (re: employees)	_____
Accounting Office (re: neither students nor employees)	_____