

Change of Personal Information

Date _____

Current Name _____ (last name, first name, middle name)

NU ID _____

Current Phone Number or Email Address _____

To process your request more efficiently, please check here if you have ever been employed within the NU system as a full-time, part-time or temporary employee, Graduate Assistant, Teaching Assistant, student worker or work study.

Please note: If you have been employed within the NU System as Staff, please present a Social Security Card to **both** UNMC Human Resources AND the Office of Academic Records to ensure records are properly updated.

Select Changes Below and Attach Copies of Required Documentation

___ Change my primary name to:

Last _____ First _____ Middle _____ Suffix _____

DOCUMENTATION REQUIRED: Valid Driver's License, Marriage License, Court Order, or Social Security Card – all in new name

___ Change my date of birth to: _____

(DOCUMENTATION REQUIRED: Birth certificate)

___ Change my Social Security Number _____ DOCUMENTATION

REQUIRED: Social Security Card

___ Change my Social Security Number to an ITIN _____

(Individual Taxpayer Identification Number) DOCUMENTATION REQUIRED: ITIN Card

___ Change my Legal Sex to: ___ Female ___ Male

DOCUMENTATION REQUIRED: Valid Driver's License or Passport, Court Order, Copy of Certification of Sex Reassignment DMV form, or Birth Certificate – with new legal sex

I certify that the above change is correct and have attached the supporting legal documentation of the correction(s) above. I hereby authorize that my information above be changed on all current and subsequent entries to my permanent records at the University of Nebraska Medical Center.

Student Signature _____ Date _____

YOU MUST ATTACH A COPY OF YOUR LEGAL DOCUMENTATION TO THIS FORM.

This paperwork can be scanned and emailed to academicrecords@unmc.edu, faxed to 402-559-6796, or mailed to UNMC- Academic Records, 984230 Nebraska Medical Center, Omaha, NE 68198-4230.