



## **CHANGE OF PERSONAL INFORMATION**

Date					
Please print current na	me				
	Last	First		Middle	
NUID		Current Phone Number	Current Phone Number or Email		
		se check here if you have ever b Graduate Assistant, Teaching a	, ,		
		System as Staff, please present a Soc ure records are properly updated.	ial Security Card to <u>b</u>	<u>oth</u> UNMC Human	
SELECT	CHANGES BELOW AND	ATTACH COPIES OF REQUI	RED DOCUMEN	TATION	
Change my prima	ry name to:				
Last:	First:	Middle:		Suffix:	
(DOCUMI	ENTATION REQUIRED: Valid Driver's	License, Marriage License, Court Order, or S	ocial Security Card – all ir	n new name)	
Change my date of	of birth to:		(DOCUMENTATION	ON REQUIRED: Birth certificate)	
Change my Social	Security Number		(DOCUMENTATION	REQUIRED: Social Security Card)	
Change my Social	Security Number to an	ITIN (Individual Taxpaver Identificati	on Number)		
Change my Social Security Number to an ITIN (Individual Taxpayer Identification Number)  (DOCUMENTATION REQUIRED: ITIN Card)					
Change my Legal	Sex to: Female	Male			
(DOCUMENTATION REQUI	RED: Valid Driver's License or Passpor	t, Court Order, Copy of Certification of Sex R	eassignment DMV form,	or Birth Certificate – with new legal se	
I certify that the above c	hange is correct and have	e attached the supporting lega	l documentation (	of the correction(s)	
-	-	ove be changed on all current o	and subsequent e	ntries to my	
permanent records at th	e University of Nebraska I	viedical Center.			
Student Signature		Date			

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

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