STONY BROOK
STATE UNIVERSITY OF NEW YORK

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**

Last Name (Current Name on SB Records)	**First** 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 CURENTLY 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 employee, complete the entire form and submit to Human Recourses, 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 CURENTLY a STUDENT at Stony Brook University?..... ☐ 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:
Office of the Registrar, Administration Bldg., Room 276

**Are you a HEALTH SCIENCES CENTER STUDENT?..... ☐ YES ☐ NO

_____ _____
STUDENT/EMPLOYEE SIGNATURE **DATE**

OFFICE USE ONLY

TWO ID's REQUIRED:
- at least one photo ID
- copy the submitted ID's for files

- ☐ **Driver's License**
- ☐ **Divorce/Marriage Certificate**
- ☐ **Court Action**
- ☐ **I-20**
- ☐ **Social Security Card……** **Required for Employees**
- ☐ **Passport……** **Required for non-US citizens**
- ☐ **Professional License……** **Required for Health Care Employees**

Stamp Date Received

Date of on-line update

Staff Member Initials

****Please Note:** If student is an HSC student, a copy of this name change request form must be forwarded to:
Health Sciences Center, Office of Student Services, Level 2, Rm. 271, Zip 8276

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