



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**

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 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, Stony Brook Union, Suite 206
 Stony Brook, NY 11794-3221**

 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