



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

<u>Last</u> Name (Current Name on SB Records)	<u>First</u> 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 RPA, 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