Print Form | Reset Form

MAU/Major Administrative Unit (circle one)	Department
☐ UAA ☐ UAF ☐ UAS ☐ SW	

University of Alaska

REQUEST FOR CHANGE

Address, Name, Marital Status, SSN

Name: _____ Date of Birth _____/_____/_____
Last First Middle Month Day Year

check all that apply
☐ Student
☐ Employee ID#: _____
☐ Vendor

☐ Cell
☐ Home
☐ Work

Phone Number (_____)_____-_____

Email: _____ Alt. Email: _____

ADDRESS CHANGE

Check each address you want to change.

☐ Permanent Address **PR** ☐ Mailing Address **MA** **Update at www.UAOnline.alaska.edu, no form required.**	☐ Employee Related Address **HR** **Will affect mailing of pay statement and W-2.**	☐ Foreign Permanent Address **SF** ☐ U.S. Physical Address **SU** **For F or J Visa holder only**

New Address: _____

_____

City: _____ State: _____ Zip: _____

County: _____ Province: _____

check all that apply

New Phone ☐ home ☐ cell ☐ work

(_____) _____-_____

New Phone ☐ home ☐ cell ☐ work

(_____) _____-_____

☐ Check here if number is for hard copy only—not to be entered into banner

In order to make changes listed below to your official student record, we will need a copy of one of the following items:

☑ Driver's License ☑ Passport ☑ Permanent Resident Card

☑ Social Security Card (required for SSN changes or if you are a past/present university employee)

NAME CHANGE

Requires current social security card (employees only).

Former Name: _____
Last First Middle

Current Name*: _____
Last First Middle

*Your current name must appear on any documents that you submit in support of your request.

MARITAL STATUS CHANGE

I am now: ○ Single ○ Married ○ Divorced ○ Separated ○ Widowed

SOCIAL SECURITY NUMBER CORRECTION

Requires current social security card.

Correct SSN: _____-_____-_____ Incorrect SSN: _____-_____-_____

Your Social Security Number (SSN) is required for tax, employment and federal financial aid purposes. All information including your SSN, will be kept confidential and secure as outlined by state and federal laws. An assigned number is used for University records; however, a portion or all of the SSN may be used for identity verification by systems and software application.

I request the above change(s) be made in official University records in accordance with University policy and this form.

x_____ _____
Signature Date

OFFICE USE ONLY

CHECK GUASYST: ❑ Student ❑ Fin Aid ❑ Employee ❑ Finance A/R

Processing: Student _____ International _____ HR _____

Forward to: ❑ IT ❑ HR ❑ International ❑ Registration ❑ Finance

SPACMNT: ❑ Date Rec'd:_____