

--	--	--	--	--	--	--	--	--	--

Social Security Number Change Request Form

Please complete this form, print, and then sign it. You must submit a copy of social security card and picture ID with correct social security number and mail or bring to the address/building below:

Mail to: Office of the Registrar
Austin Peay State University
P. O. Box 4448
Clarksville, TN 37044

OR

Bring to: Ellington Building, Room 316

ATTN: Amanda Phillips

Date: _____

Request to change name:

Name _____
Last First Middle

Old Social Security Number: _____

New Social Security Number: _____

Signature: _____

For Office Use Only

Initial OTR _____

Date Processed _____