



# 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

<b>Last</b> Name (Current Name on SB Records)	<b>First</b> 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 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 PROGRAM 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