

## Change of Personal Information

## Part 1 What to know before you begin

- This form is used for making changes to a person's personal information at Utah State University (USU). Personal Information is defined as: Name, Social Security Number, and Date of Birth.
- All changes require a copy of a valid picture ID and a copy of the Social Security card. The ID and Social Security card must both have the person's correct information.

## Part 2 Internal Revenue Service (IRS) Regulations and Penalties

USU is under obligation from the Internal Revenue Service (IRS) to ensure all students and employees have a correctly spelled name and a correct Social Security number and that both match the IRS database. To meet IRS regulations, USU requires a copy of the person's Social Security card for any requested Name and/or Social Security number changes. Please note the penalty for individuals who do not comply: "If you fail to furnish your correct SSN or ITIN to the requester, you are subject to a penalty of \$50 unless your failure is due to reasonable cause and not to willful neglect." (IRS form W-9S)

Act Name    First Name   First Name   First Name   Middle Name or Initial	Pa	rt 3 Pers	sonal Informatio	n – Complete th	is part with your in	nformation as	it now reads or	n your USU recor	d	
Requested Changes – Complete this part with the new/correct information you would like changed on your USU record  Name Change Last Name First Name First Name Middle Name or Initial  Social Security Number Change Social Security Number as currently listed on USU's record (if any)  Date of Birth Change Date of Birth Change Date of Birth as currently shown on USU's record Month: Day: Year: Month: Day: Year:  Part 5 Agreement and Student Signature Certify that the information provided on this form and within any attached documentation is accurate and free of alteration or alsification. I also understand that if I choose not to provide a copy of my Social Security card, I may be fined by the United States internal Revenue Service (IRS).  Student Signature (required):  Date:  Part 6 For Office Use Only Yes / No A Social Security card was provided for the change(s) requested on this form. Staff Initials:  Changes have been made as requested.	Las	t Name		F				Middle Name or Initial		
Requested Changes – Complete this part with the new/correct information you would like changed on your USU record  Name Change Last Name   First Name   Middle Name or Initial	<u>C1</u>	1 110 11 1		G : 16 : 1 N		Te dall				
□ Name Change  Last Name    First Name   Middle Name or Initial	Stu	dent ID Numb	per	Social Security Nu	umber Email Address					
□ Name Change  Last Name    First Name   Middle Name or Initial										
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Copy to: ☐ Financial Aid ☐ Human Resources ☐ Registrar's Office (for scanning to Xtender)	Co:	w+o: □ □	nancial Aid	l Luman Pasau	reas D Pagis	strar's Offica	(for scanning	to Vtandar)		