Request for Change
Social Security Number

Today's Date: _____   Last Term Enrolled: _____

Name (*print*): _____   ID: _____

Address (*street, city, state, zip*): _____

Phone: _____   Email: _____

Submit the required documentation to Registrar's Office, UW-Whitewater, 800 West Main, Whitewater, WI 53190

REQUESTS RECEIVED WITHOUT PROPER DOCUMENTATION WILL <u>NOT</u> BE PROCESSED

_____   **Social Security Change** to: _____

Requires   Copy of Signed Social Security Card **AND**
                       Copy of Signed photo ID

Your signature: _____ **REQUIRED**

Have questions? Contact us via phone (262-472-1570) or email Registrar@uww.edu