

STATEMENT OF IDENTITY

The State of North Carolina prescribes, by statute, the conditions under which an individual may legally change his or her name. If your name has changed and you wish to have that change reflected on the records maintained by Appalachian State University, please complete and sign the following statement. Please note that your name will be changed as it appears on your Social Security card. This statement and all required documentation should be submitted in person to the Registrar's Office in John E. Thomas Hall, Room 109. To send this document electronically, contact our office at (828) 262-6818 or email infoserv@appstate.edu to request a secure Liquid Files upload link. For your security, please do not mail or fax this information to our office.

I certify the following:

If you are an employee of Appalachian State University and are NOT currently enrolled in any Appalachian State University courses, please contact the Office of Human Resources at (828) 262-3187.

1. My name has changed from:

First: _____ Middle: _____ Last: _____

to:

First: _____ Middle: _____ Last: _____

2. My name has changed for the following reason (please check the appropriate reason and supply additional information, as requested)

___ a. Marriage. Submit a copy of the signed Social Security card and a photo ID (Student ID or Drivers License).
Please note that the new name must be listed on the photo ID and Social Security card and the card must be signed.

___ b. Court Order. Submit a copy of the signed Social Security card and a photo ID (Student ID or Drivers License).
Please note that the new name must be listed on the Social Security card and the card must be signed.

___ c. Divorce. I have adopted my ___ maiden name, ___ a previous married name.
Submit a copy of the signed Social Security card and a photo ID (Student ID or Drivers License).
Please note that the new name must be listed on the photo ID and Social Security card and the card must be signed.

___ d. Records Error.
 For a Birthday correction: Submit a copy of: Birth Certificate, valid Passport, or valid Drivers License.
 For a Name or Social Security Number correction: Submit a copy of the signed Social Security card.

___ e. Adoption or Annulment. Submit a copy of the adoption or annulment decree.

3. My gender has changed. Please update my record to reflect the following new gender: ___ Male ___ Female
Submit a valid Drivers License or Passport indicating the new gender or submit a signed letter from a physician attesting that the process of gender transition is complete or an official court order affirming gender change.

4. I understand that my previous name(s) will be retained by the university for record keeping purposes.

Signature of Student: _____ Date: _____

Banner ID: _____ Phone Number: _____ E-mail: _____

*****Office Use Only*****

Old Name: First: _____ Middle: _____ Last: _____

New Name: First: _____ Middle: _____ Last: _____

Grad App: Yes ___ No ___ Notified Records ___ Notified Grad School ___

Processed by: _____ Date: _____