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 directly to the Registrar's Office, PO Box 32009, Boone, NC 28608 or Fax (828) 262-3136. To send this document electronically, contact our office at (828) 262-2050 or infoserv@appstate.edu to request a secure Filelocker upload link.

I certify the following:

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. ATTACH A COPY OF THE 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.

____b. Court Order. ATTACH A COPY OF THE 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.
ATTACH A COPY OF THE 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.

____d. Records Error. For a Birthday correction ATTACH A COPY OF BIRTH CIRTIFICATE OR VALID PASSPORT OR VALID DRIVERS LICENSE or Name/Social Security Number correction: ATTACH A COPY OF THE SOCIAL SECURITY CARD.

____e. Adoption or Annulment. ATTACH 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 (ATTACH SIGNED LETTER FROM A PHYSICIAN ATTESTING THAT THE PROCESS OF GENDER TRANSISTION IS COMPLETE OR AN OFFICIAL COURT ORDER AFFIRMING GENDER CHANGE OR A COPY OF A VALID PASSPORT OR VALID DRIVERS LICENSE)

4. I understand that my previous name(s) will be retained in university records for reference purposes.

_____
Signature of Student Date

_____
Social Security Number Date of Birth Phone Number E-Mail

_____
Current Address City State Zip Code

For Office Use Only

Old Name:_____
(first) (middle) (last)

New Name:_____
(first) (middle) (last)

Banner ID: Checked Employee Status (yes or no):

Grad App: (circle) SR or GR
Yes or No

Hardcopy _____ Mastercard _____ Microfilm _____ Undergrad folder _____ Grad folder _____ Data Sheet _____