

**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@apstate.edu](mailto:infoserv@apstate.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 CERTIFICATE 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 TRANSITION 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

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***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 \_\_\_\_\_