

**Office of the Registrar**

**Social Security Number Change Request Form**

**Please complete this form, print, and then sign it. You must submit a copy of social security card and picture ID with correct social security number and mail or bring to the address/building below:**

**Office of the Registrar  
Austin Peay State University  
Attn: Ed Nushardt  
P. O. Box 4448  
Clarksville, TN 37044**

**OR bring to: Ellington Building, Room 316**

**Today's Date:** \_\_\_\_\_

**Request to change name:**

**Name** \_\_\_\_\_  
**Last First Middle**

**Old Social Security Number:** \_\_\_\_\_

**New Social Security Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**For Office Use Only: Processed in SIS \_\_\_\_\_ Processed in Banner \_\_\_\_\_**  
**Revised 01/17/07**