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## 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:

Mail to: Office of the Registrar  
Austin Peay State University  
P. O. Box 4448  
Clarksville, TN 37044

OR

Bring to: Ellington Building, Room 316

ATTN: Sherry Yeatts

Date: \_\_\_\_\_

### Request to change name:

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

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

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

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

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### *For Office Use Only*

Initial OTR \_\_\_\_\_

Date Processed \_\_\_\_\_