



NORTH DAKOTA UNIVERSITY SYSTEM NAME CHANGE REQUEST FORM

PRINT THIS PAGE AND SEND TO:

Office of the Registrar | Williston State College | 1410 University Avenue Williston, ND 58801
701.774.4211 (f) | wsc.records@willistonstate.edu

I hereby request that my name, as it appears on my student academic demographic record, be changed as indicated below. This change will appear on any academic records created in the North Dakota University System after September 1982 and also converted to the ConnectND system after July 2004. **All name change requests must be accompanied by the corresponding legal documentation showing the change and a copy of the social security card. Examples of legal documentation include marriage license or court documents.** This request will only change the name on the student academic record. All changes to payroll records must be made with the payroll office.

Complete Legal Name _____

Most Recent Former Name _____

Other Former Names _____

Social Security Number _____ Birth Date _____

Empl ID _____

Signature _____ Date _____

FOR OFFICE USE ONLY:

Copy of New Social Security Card Received

Copy of other required paperwork received

Processed by: _____ Date: _____