

EMPLOYEES OF THE UNIVERSITY MUST RETURN THIS FORM TO THE HUMAN RESOURCES OFFICE (Business Services Center).  
STUDENT EMPLOYEES MUST RETURN THIS FORM TO THE PAYROLL OFFICE (Business Services Center).  
ALL OTHER STUDENTS/ALUMNI MUST RETURN THIS FORM TO THE APPROPRIATE REGISTRAR'S OFFICE (University or Law).

**Current Name on File:** \_\_\_\_\_  
LAST FIRST MIDDLE

**Gonzaga ID or SSN#:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Check all that Apply:**

Identification	<input type="checkbox"/> Current Student** <input type="checkbox"/> Alumni <input type="checkbox"/> Employee, never enrolled <input type="checkbox"/> Employee, have enrolled (current or previous terms)* **Have you applied to graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Information to Update	<input type="checkbox"/> Name <input type="checkbox"/> Legal Sex <input type="checkbox"/> Social Security Number <input type="checkbox"/> Address

\*includes work study students and student institutional jobs

**LEGAL NAME CHANGE**

- Must provide a copy of a Social Security Card with the correct name and a government issued picture ID (such as a driver's license or passport)
- The only form of acceptable identification for international students is a passport

**Updated Name:** \_\_\_\_\_  
LAST FIRST MIDDLE

Adjust Zagmail address (...@zagmail.gonzaga.edu) to reflect name change

**LEGAL SEX CHANGE**

- Must provide a copy of Social Security Card, government issued picture ID, and a letter from the applicable physician

**New Legal Sex to be Reflected:**  Female  Male

**SOCIAL SECURITY NUMBER CHANGE**

- Must provide copy of Social Security Card

**Corrected Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ADDRESS CHANGE**

**Old Address:** \_\_\_\_\_  
STREET  Home  
 \_\_\_\_\_  Cell  
CITY STATE ZIP PHONE

**New Address:** \_\_\_\_\_  
STREET  Home  
 \_\_\_\_\_  Cell  
CITY STATE ZIP PHONE

Apply Change to--	<input type="checkbox"/> Mailing	<input type="checkbox"/> Permanent	<input type="checkbox"/> Parents	<input type="checkbox"/> Billing	<input type="checkbox"/> Local Residence	<input type="checkbox"/> Emergency	<input type="checkbox"/> Business
	<input type="checkbox"/> Father	<input type="checkbox"/> Mother					

I hereby request that Gonzaga University use my new information in all of my future records with the University. I further state that my change of name is not a fraudulent purpose nor the avoidance of creditors.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

OFFICE USE ONLY	Processed by: _____	Dept.: _____	Date: _____
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