



P. O. Box 8500 • Lynchburg, TN 37352-8500
(931) 393-1520 • FAX (931) 393-1971

A Tennessee Board of Regents Institution

Change of Record Form

Please check (√) applicable box(es): Student Employee Advancement/Alumni
Social Security Number: _____ Birth Date: _____

Name: _____
{Please Print} Last First Middle

Signature: _____ Date: _____

COMPLETE ONLY THE SECTIONS BELOW WHICH ARE APPLICABLE

I. CHANGE OF ADDRESS: (List all current information. Please print)

Permanent Local Emergency Contact Parent

Street Address: _____ Apt. No. _____

City: _____ State: _____

Zip Code: _____ County of Permanent Residency: _____

E-mail Address: _____ Home Phone: () _____

Business Phone: () _____ Cell Phone: () _____

State of Former Address: Tennessee Other (Establishing TN residency requires added documentation)

II. CHANGE OF MARITAL STATUS: (Reminder: Employee's please make beneficiary changes on the appropriate forms.)

From: _____ **To:** _____

III. CHANGE OF NAME:

Name on File: _____
{Please Print} Last First Middle

Full Legal Name: (As appears on social security card)

{Please Print} Last First Middle

Full legal name is required for official Tennessee State records. A request for change of name or Social Security number MUST be accompanied by your government-issued Social Security card. (International students may use I-94 form) There are no exceptions for employees, aid, refund or T-1098 recipients.

IV. CHANGE OF SOCIAL SECURITY NUMBER:

Number on File: _____ Correct Number: _____

SSN: _____ SSN: _____

Please DO NOT write in space below. For office use only.

Received by: _____ Processed by: _____
Initials/ Dept. and Date

Forwarded to: A&R, Payroll, HR, Advancement or N/A