



P. O. Box 8500 • Lynchburg, TN 37352-8500  
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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