



Office of the University Registrar
 Student Union 1, Room 2101
 4400 University Drive, MS 3D1
 Fairfax, VA 22030
 (703) 993-2441, Fax (703) 993-4668

CHANGE OF PERSONAL INFORMATION

- George Mason University employees must submit name change requests to Human Resources. **Employee use of this form is prohibited.**
- Official Documentation and Photo ID are required.

Current Name in our records:

_____ GNumber: _____
 Last First Middle Name/Initial

Mason E-mail: _____ Day Phone: _____

Are you an international student on a non-immigrant visa? Yes No

If yes, this request must be reviewed by the Office of International Programs and Services:

_____/_____
 SEVIS Coordinator Signature Date

Change of Name

- A **change** of name requires presentation of an original court document, or a notarized copy, recording the marriage or name change, or a government document (from the INS, State Department, etc.) showing the name you wish to use.

Requested Name

Last: _____

First: _____

Middle Name or Initial: _____

Suffix: II III IV V Jr. Sr. Other: _____
 Circle One

Have you applied to graduate? Yes No

Student Signature (Required): _____ Date: _____

Change of Birth Date (copy of driver's license is required)

Current Birth Date in Database: _____

Correct Birth Date: _____

Student Signature (Required): _____ Date: _____

Addition/Change of Social Security Number

(copy of Social Security card is required)

New Social Security Number: _____

To Be Completed by a Notary (REQUIRED IF BY MAIL or FAX)

State of _____ County of _____. Sworn and subscribed before me this
 _____ day of _____, _____.

Stamp/Seal of Notary

Notary Signature: _____