

Name Change Form



NORTHEASTERN
STATE UNIVERSITY

Bursar Services/Human Resources

NSU ID# N

Phone #

(Be sure to enter your full name as it appears on your Social Security card).

Previous Name

Current Name

Signature _____ Date _____

- ❖ You will need to provide your updated Social Security Card along with your NSU ID or a photo ID card to Bursar Services (Students) or Human Resources (Employees).
- ❖ For Security Purposes, we prefer that all documents be hand delivered or mailed to Bursar Services at 601 N Grand Ave. Tahlequah, OK 74464. If you choose to utilize fax or email, documents can be faxed to (918) 458-2196, or emailed to nsuoba@nsuok.edu.

Save & Print

Mandatory Disclosure:

NSU requires disclosure of your social security number on this form. The authority for this mandatory disclosure is found in the NSU Social Security Number Usage Policy, Appendix I, www.nsuok.edu.

Office Use Only

Please copy the original document and attach it to this form. Initial and date the copy and this form.

Initials of person copying the documentation _____ Date _____

Initials of person changing information _____ Date _____