

2000 Clayton State Boulevard Morrow, GA 30260-0285 Phone: (678) 466-4145

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NAME, GENDER, OR SOCIAL SECURITY CHANGE REQUEST

Prior Last Name	Prior First Name	Prior Middle Name
New Last Name	New First Name	New Middle Name
Laker ID	Email Address	Telephone Number
Have you submitted a graduatio		
*Would you like the new n	ame reflected on your diploma? □ No □ Y	'es
Select the reason for the change	9:	
Marriage—Requires an original reflecting your new name.	or certified copy of your marriage certificate OR	a government-issued photo ID
☐ Legal Change—Requires an ori your new name.	ginal or certified copy of the court order OR a g	overnment-issued photo ID reflecting
☐ Divorce—Requires an original on new name.	r certified copy of the divorce decree OR a gove	ernment-issued photo ID reflecting your
☐ Adoption—Requires an original new name.	or certified copy of the court order OR a govern	nment-issued photo ID reflecting your
☐ Spelling Error—Requires an ori	ginal or certified copy of your birth certificate OF	R a government-issued photo ID
☐ Gender Change—Requires an o	original or certified copy of the court order OR a	government-issued photo ID reflecting
☐ Social Security Number—Requ	res your current Social Security card (no copies	s) AND a government-issued photo ID.
Old SS Number:	New SS Number	. :
Signature		Date