

**SOCIAL SECURITY NUMBER CHANGE FORM**

Used when students SSN has been changed or we need to verify SSN

**MUST BE SUBMITTED TO THE OFFICE OF THE REGISTRAR**

NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_  
Last First MI  
(Please Print)

**\*\*\*Must present new Social Security Card\*\*\*  
(We need a copy of the card)**

Old SS# _____ New SS# _____
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**ALL employees, including student assistants and workstudy, MUST go to the payroll office also. (Lowell Heiny Hall room 102).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\*\*\*Electronic signatures are not accepted. This form must be printed and signed or emailed from your Colorado Mesa University email account.\*\*\*

---FOR OFFICE USE ONLY---			
_____ SPAPERS	_____ SPAIDEN	_____ SWAHIST	(_____ MICRO/CD _____ PERM CARD) (Fill out only if prior to Fall of 1994)
Input by: _____	Date: _____		

Date Received:
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