

**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# \_\_\_\_\_

**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: