

# PEMBROKE

## Name/Address Change Form

(Please Print)

EFFECTIVE DATE:

UNCP ID:  SSN:

Please Check One:  Name Change  Address Change (Employees Only)

Current Name:       
 Prefix First Name Middle Name Last Name Suffix

New Name:       
 Prefix First Name Middle Name Last Name Suffix

Previous Address:       
 Street City State County Zip

New Address:       
 Street City State County Zip

Address Type (Employees: Permanent Address Only)  Permanent  Local  Billing

Date of Birth:

Daytime Telephone  Email Address:

**Statement of Responsibility:**

I assume responsibility for the consequences or problems that may occur as a result of this change of my name/address. There is no intent on my part to defraud the University of North Carolina at Pembroke.

**Please note:** Employment verification requires a social security number to ensure that the name and social security number on record match the name and number on the social security card.

Signature: \_\_\_\_\_

Check all that apply:  Student  Faculty  Staff  Alumni  Friend

Please include any other names under which you may have been associated with the University of North Carolina at Pembroke.

**Return this form, with proper documentation, to the appropriate office below.**

- Faculty and Staff:** Human Resources, 347 Lumbee Hall
- Prospective Students:** Undergraduate - Admissions, 224 Lumbee Hall
- Students:** Office of the Registrar, 133 Lumbee Hall
- Prospective Graduate and Admitted Graduate Students:** Graduate Studies, 124 Lindsay Hall
- Alumni/Friends:** Office for Advancement, 102 Lindsay Hall, PO Box 1510, Pembroke, NC 28372-1510

**FOR OFFICE USE ONLY**

Received by: Name:  Dept:  Date:

Changed by: Name:  Dept:  Date:

Required Documents: (Choose one of the following)  
 Students: Driver's License, Social Security Card, Marriage License, Divorce Decree or other Court Document show name change  
 Faculty and Staff: Driver's License and Social Security Card required. Rev. 09/01/2015