

**Fayetteville State University**  
**Change of Information Form**

Complete this form and fax it along with supporting documents to the Office of the Registrar at (910) 672-1599 or mail or physically bring your request and photocopies to:

Fayetteville State University  
Office of the Registrar / 119 Collins Building  
1200 Murchison Road  
Fayetteville, NC 28301-4298

Requestor Information: Signature: \_\_\_\_\_ /Date: \_\_\_\_\_

|  |            |    |  |
|--|------------|----|--|
| Current Name on Record: _____                    |            |    |  |
| Last Name  | First Name | MI |  |
| SSN or Banner Id: _____                          |            |    |  |
| Year of Graduation or Dates of Attendance: _____ |            |    |  |

Requesting: (Check all that apply)

|                    |     |            |     |                |     |
|--------------------|-----|------------|-----|----------------|-----|
| Name Change/Update | ___ | SSN Change | ___ | Address Change | ___ |
|--------------------|-----|------------|-----|----------------|-----|

Name Change Request: (Include photocopies of official supporting documents)

|                                |       |    |  |
|--------------------------------|-------|----|--|
| Current name on record: _____  |       |    |  |
| Last                           | First | MI |  |
| Name changed/Updated to: _____ |       |    |  |
| Last                           | First | MI |  |

SSN Change Request: (Include a photocopy of official supporting documents)

|                              |  |
|------------------------------|--|
| Current SSN on record: _____ |  |
| SSN changed to: _____        |  |

Address Change Request:

|                                   |                 |              |                   |              |           |               |
|-----------------------------------|-----------------|--------------|-------------------|--------------|-----------|---------------|
| Check all that apply: ___ Billing |                 |              |                   | ___ Guardian | ___ Local | ___ Permanent |
| Street: _____                     |                 |              | City: _____       |              |           |               |
| State: _____                      | Zip Code: _____ | Phone: _____ | Include area code |              |           |               |

Office Use Only:

|                       |                |
|-----------------------|----------------|
| Date Processed: _____ | By Whom: _____ |
|-----------------------|----------------|