

Fayetteville State University
Change of Information Form

The estimate processing time is approximately 3-5 business days, and 5-10 business days during peak periods. Peak periods are registration, midterm grading, final grading and commencement.

Complete this form and mail it or physically bring your request and photocopies along with supporting documents to:

The Office of the Registrar
Fayetteville State University
300 Lilly Building, 1200 Murchison Road
Fayetteville, NC 28301-4298

Requestor Information: Signature: _____ Date: _____

E-mail: _____ Banner ID _____

Requesting: (Check One Only and complete the appropriate section)

Name change	SSN Change	Address Change
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Year of Graduation or Dates of Attendance: _____
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Name Change Request: (Include photocopies of official supporting documents)

Current name on record: _____ Last First MI
Name changed to: _____ Last First MI
Effective date of change: Month _____ Day _____ Year _____

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

Current SSN on record: [][][]-[][]-[][][][]
SSN changed to: [][][]-[][]-[][][][]

Address Change Request: Address Changes only may be faxed to (910) 672-1599

Check all that apply: Billing Mailing Permanent

Street: _____ City: _____
State: _____ Zip Code: _____ Phone: () _____

Office Use Only:

Date Processed: _____ By Whom: _____
