



PERSONAL INFORMATION CHANGE ON OFFICIAL UNIVERSITY RECORD

Use this form to request East Tennessee State University to change your name, mailing address, phone number, or marital status on official records. Only complete the sections necessary for your desired change. Required documents and processing instructions vary depending on your relationship to the University. Complete the form, attach required documents, and submit according to the instructions below. You may submit all documents in person, by mail, or by completing the **online form**. Submit your completed form and supporting materials to one office only—the office in the first relationship you check below.

If you are	Submit form and documents to
<input type="checkbox"/> Employee (Faculty / Administrator / Staff)	Complete the online "Employee Personal Information Change Form" located on the ETSU Human Resources Documents and Forms page or return this form to the Office of Human Resources • 307 Burgin Dossett Hall • Box 70564 • Johnson City, TN 37614 Phone: (423) 439-4457 or 7089
<input type="checkbox"/> Student Employee (Federal Work Study/Regular Student Work Program)	Office of Financial Aid • 105 Burgin Dossett Hall • Box 70722 • Johnson City, TN 37614 Fax: (423) 439-5855
<input type="checkbox"/> Medical Resident	Graduate Medical Education • College of Medicine • Suite C-216 • Stanton-Gerber Hall • Box 70415 • Johnson City, TN 37614 Fax: (423) 439-8910
<input type="checkbox"/> Student Submit form and supporting documents to the office as it pertains to you (e.g., medical students to the college of medicine; pharmacy students to the college of pharmacy; and all other students to the Registrar)	Records Office • 101 Burgin Dossett Hall • Box 70561 • Johnson City, TN 37614 Fax: (423) 439-6604 College of Medicine • Suite C-240 • Stanton-Gerber Hall • Box 70580 • Johnson City, TN 37614 Fax: (423) 439-2110 College of Pharmacy • Room 216, VA Bldg. 7 • Box 70414 • Johnson City, TN 37614
<input type="checkbox"/> Alumnus/Alumnae individuals who have not been enrolled in classes at ETSU for one or more semesters	Advancement Office • The Model Mill – 2nd Floor • 602 Sevier Street PO Box 70721 • Johnson City, TN 37614 • Fax: (423) 439-5836
<input type="checkbox"/> Other (Use only if no other category applies - e.g., donor, or business)	Advancement Office • The Model Mill – 2nd Floor • 602 Sevier Street PO Box 70721 • Johnson City, TN 37614 • Fax: (423) 439-5836

Required Documentation for Each Change	
Legal Name	Completed form, updated Social Security card AND a related document such as marriage certificate, divorce decree, or court order.
Preferred Name	If you wish to change your preferred name, use the Preferred Display Name Change Request Form.
Mailing Address	Completed form and proof of new address such as photo ID, new lease, utility bill, etc.
Phone Number	Completed form.
Marital Status	Completed form, marriage certificate/divorce decree and Social Security card reflecting new name (if applicable).
Please note that those under the Alumnus/Alumnae and Other category <u>ONLY</u> have to submit a completed form to change their information.	
For employees, remember to update your beneficiaries and W-4 Form. For beneficiary information, visit Employee Benefits FAQ. If you changed your legal name, mailing address, or need to update your tax withholdings, you must submit a new W-4 Form in person to the Payroll Office at Burgin Dossett Hall Room 311. <u>A photo ID will be required.</u>	

Your information as it is currently listed on your ETSU Record:		Your new information supported by documentation:	
First Name		First Name	
Middle Name		Middle Name	
Last Name		Last Name	

Your information as it is currently listed on your ETSU Record:		Your new information supported by documentation:	
Suffix		Suffix	
Street Address		Street Address	
Address Line 2		Address Line 2	
City		City	
State		State	
Zip Code		Zip Code	
Phone Number		Phone Number	
Marital Status		Marital Status	
E Number			

Check all relationship categories that apply:

<input type="checkbox"/> Current employee with benefits	<input type="checkbox"/> Current employee without benefits
<input type="checkbox"/> Former employee – last date worked _____ month/year	<input type="checkbox"/> GA/Student Worker
<input type="checkbox"/> Current student	<input type="checkbox"/> F1/J1 Visa (Passport or Marriage Certificate)
<input type="checkbox"/> Former student/not graduated Last Term Attended _____	

Reason for Name Change (if marital status change, please indicate new status) _____

Do you want to change your computer user name? ☐ yes ☐ no If yes, complete the **Computer Account Name Change Request** form on the ITS Forms website.

Financial Aid applicants/recipients	I understand that I cannot change my legal name as it appears on my birth certificate and/or with the Social Security Administration without supporting legal documents. If I do not have the necessary legal documents, I forfeit my rights to any current or future financial aid disbursement. I understand that my name on my official university record and my legal name must match in order for me to receive financial aid.
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By signing below, I assume responsibility for notifying my instructors, supervisors, and all other relevant parties of my name change and accept ownership of any consequences or problems that may occur as a result of this name change or modification of my personal information. It is not my intent to defraud East Tennessee State University.

Signature	Date
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Office Processing Change: _____ By: _____ Phone: _____ Date: _____