SOCIAL SECURITY NUMBER CHANGE

- A copy of your social security card reflecting the correct number change is required.

Print name as it is currently appears on your record:

_____

Last   First   Middle

_____

Maiden Name or Names

Phone Number:_____

Home   Local   Cell

_____   _____   _____

WKU Email Address   WKU ID   Date of Birth

〜〜〜

- **Change Social Security Number to:** _____ - _____ - _____

Reason for Social Security Number Change:

☐ Acquired Social Security Number   ☐ Clerical Error   ☐ Other

_____

Student Signature   Date

〜〜〜

Methods for submitting this form with a copy of your social security card:

- **MAIL:** Office of the Registrar, Western Kentucky University, 1906 College Heights Blvd #11017, Bowling Green, KY 42101-1017
- **FAX:** (270)745-4830 Attention: John Paul Lack
- Form may be submitted electronically at https://secureshare.wku.edu/filedrop/registrar.

Office Use Only

Change Needed in:

_____Student ID   _____ Delete this record (appropriate data has
                                                                              been moved to other record)

Checklist:

_____Human Resources   _____Social Security Card   _____Currently Enrolled

_____Hard Copy   _____Banner   _____Permanent File

_____

Employee Initials/Date

Revised 7/2015