

Request for Change
Social Security Number

Today's Date: _____ Last Term Enrolled: _____

Name (*print*): _____ ID: _____

Address (*street, city, state, zip*): _____

Phone: _____ Email: _____

Submit the required documentation to Registrar's Office, UW-Whitewater, 800 West Main, Whitewater, WI 53190

REQUESTS RECEIVED WITHOUT PROPER DOCUMENTATION WILL NOT BE PROCESSED

_____ **Social Security Change to:** _____

Requires Copy of Signed Social Security Card **AND**
 Copy of Signed photo ID

Your signature: _____ **REQUIRED**

Have questions? Contact us via phone (262-472-1580) or email Registrar@uww.edu

SSN Change
April 2009