

Name or Social Security Number Change



Who needs to use this form? Current and former students who wish to declare a legal name or social security number change.

Important Notes: If you are a current student, your email address will be updated when your name is changed. Gateway Student Services will contact Minnesota State IT on your behalf and follow up with you to complete the last step for your email address update to take effect.

How to Submit: All students must complete sections 1 and 4. Complete section 2 for a name change and section 3 for a social security number change. Submit this form, along with legal documentation, to the Gateway Student Services Center in person or by mail. Metro State University reserves the right to request more than one form of documentation for verification purposes.

Section 1: Current Student Information

Print current name: _____
Last First Middle

Metro State student ID: _____ Email address: _____
If you are a current student of Metro State, use your student email address.

Phone (with area code): _____ Birth Date: ____ / ____ / ____
MM DD YYYY

Are you a U.S. citizen? Yes No If no: type of visa: F1 Other _____
Staff: Check with International Student Services

Section 2: Name Change

For current students, once your name change has been processed, your display name will change and will impact the name you and others see displayed via Microsoft Office 365 (O365), D2L, email, class rosters, and official records.

Effective date: ____ / ____ / ____ I have included a copy of legal documentation of this change.
MM DD YYYY Examples include: birth certificate, marriage license, court order, naturalization document, divorce decree (please include only pages indicating name change).

Print new name: _____
Last First Middle

Section 3: Social Security Number Change

Effective date: ____ / ____ / ____ I have included copies of my new social security card and a photo ID.
MM DD YYYY

New social security number: ____ - ____ - _____

Section 4: Signature

I request and authorize Metro State University to change my university record using the included legal documentation.

Signature: _____ Effective date: ____ / ____ / ____
MM DD YYYY

Contact us: gateway@metrostate.edu | 651.793.1300