

Office of Registrar and Records 1400 J.R. Lynch Street PO Box 17125 Jackson, MS 39217 1-866-THEEJSU | 601-203-5001

Name Change Request Form/ Social Security Number Update

Name	e Change Request		
Please provide legal documentation for produce acceptable forms of documentation included certificate, driver's license, passport, or corregistrarsoffice@jsums.edu.	le: social security card, marriage ce	ertificate/license, birth	
Current Name on File	Name Ch	Name Change Request	
Social Sec	urity Number Update		
Social Security Number on File	Correct Soci	Correct Social Security Number	
Last Name	First Name	MI	
	J Number		
For Reg	gistrar's Office Use Only		
Processed by:	Date:		
Comments:			
Revised 08/2020			