

3601 N. Military Trail Boca Raton, FL 33431-5598

Phone: 561-237-7303

CHANGE OF NAME OR SSN

Student Name:				Student ID#:		
•	Last	First	MI			
Address:						
	Street	(City	State Zip/Co	untry	
Phone number:						
Name Changes require documentation of former name, photo id, and two (2) of the following: Marriage Certificate, Driver's License, Passport or Court Document. This must be delivered in person or via US mail only. Faxed documents will not be accepted.						
Former Name:					0.01.11	
	Last		First		Middle	
New Name:	Last		First		Middle	
Reason for Chang	e: Marria	ge:	Divorce: [Other:	
PREFERRED NAME (the name by which you prefer to be known): Former Name: New Name:						
Are you currently applying for graduation and want the change reflected on your diploma (legal name only)?						
Yes:	No:					
Are you currently an employee? Please see employee services.						
Yes: □	No: □					
Please Note: You new name.	must contact th	e IT Dept. at itsuppo	rt.lynn.edu if you	wish to have your Lynn	emails reflect your	
Social Security Nu	ımber Changes ı	require a copy of the	Social Security Ca	rd and a photo ID.		
Former Social Sec	curity on Record	:				
New Social Securi	ty number:					
Student Signature		nic signature not acco	epted)	_ Date:		