



# Social Security Number Change Form

A copy of your signed Social Security Card must be submitted with this form.

**To protect your identity, never fax or email a social security number. Please print and mail this form with the appropriate documents to:**

University of Nebraska Kearney  
Registrar's Office - Warner Hall  
2504 9<sup>th</sup> Ave  
Kearney, NE 68849

NUID Number \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Phone (\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_\_

Correct Social Security Number: \_\_\_\_\_

Incorrect Social Security Number: \_\_\_\_\_

*I certify that the information provided is accurate and correct and that I am the owner of this information. I hereby authorize the University of Nebraska at Kearney to update my social security number on my record. I authorize the Registrar's Office to provide a copy of my social security card to the Human Resources Office at the University of Nebraska at Kearney to update any applicable employment record.*

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_