



Request for Change of Record

Section I: Personal Information

SSN _____ OSU Employee ID# _____

Last Name _____ First Name _____ Middle Name _____

Date of Birth MM/DD/YYYY _____

Section II: Reason for Completing Form (Complete sections that apply)

INFORMATION TO BE CHANGED Name Social Security Number Date of Birth

NAME CHANGE: Prior Last Name _____ Prior First Name _____

 Prior Middle Name _____

SOCIAL SECURITY NUMBER CHANGE:

CORRECT Social Security Number _____ INCORRECT Social Security Number _____

TEMPORARY Social Security Number (99X-XX-XXXX) _____

DATE OF BIRTH CHANGE:

CORRECT Date of Birth _____ INCORRECT Date of Birth _____

Section III: Certification

I affirm that the information provided on this form is complete and true.

Legal signature: _____ Date: _____

Documentation Required for Name Changes:

Marriage—Copy of driver’s license with new name, social security card with new name, or marriage certificate or license
Divorce—Copy of divorce decree, court entry, or order of legal name change
Legal Name Change—Court order of legal name change
 No documentation is required if going from middle initial to middle name or vice versa.

Documentation Required for Social Security Number Changes:

1. Copy of Social Security Card and
2. Driver’s license or other government-issued photo ID

If faxing this form, you must photocopy your Social Security card and sign it before you fax it.

Return this form along with required documentation, to:

Payroll Services, 2nd Floor Lobby, Blankenship Hall, 901 Woody Hayes Dr., Columbus, OH , 43210-4016; or fax to (614) 688-3640