

## GENERAL INFORMATION

- This form is for requesting changes to personal information on Utah Valley University official records.
- Personal Information is a person's: **name, Social Security number (SSN) or Individual Tax Payer I.D. Number (ITIN), date of birth, and gender.**
- **All changes require government-issued photo identification that contains the person's correct name.** Additional government-issued documents may also be required as listed in the Requested Change(s) section.
- Return this form with copies of all required documents (including picture ID) to the UVU Registrar's Office either in person (BA 113) or via U.S. mail (MS 213 | 800 West University Parkway | Orem, UT 84058). Send fax submissions to 801-225-4677. NOTE: fax submitters may be asked to mail documents, as fax image quality is often insufficient. For the security of information, please do not send via email.

## PERSONAL INFORMATION (COMPLETE THIS SECTION WITH YOUR INFORMATION AS IT CURRENTLY READS ON YOUR UVU RECORDS)

UVID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name or Initial: \_\_\_\_\_

## INTERNAL REVENUE SERVICE (IRS) REGULATIONS AND PENALTIES

The Internal Revenue Service (IRS) requires UVU to ensure all students and employees have a correctly spelled name and a correct Social Security number and that both match the IRS database. To meet IRS regulations, UVU requires a copy of the person's Social Security card for any name and/or Social Security number changes. **"If you fail to furnish your correct SSN or ITIN to the requester, you are subject to a penalty of \$50 unless your failure is due to reasonable cause and not to willful neglect."** (See IRS form W-9S). UVU will place a hold on the student account if a mismatch is found.

## REQUESTED CHANGE(S)

Check the appropriate boxes and complete all fields for the items you are requesting to change.

<input type="checkbox"/> <b>Name Change</b> (as shown on the Social Security card) Last Name: _____ First Name: _____ Middle Name or Initial: _____ -- REQUIRED DOCUMENTATION IN ADDITION TO PHOTO ID -- Social Security card (see IRS regulations and Penalties Section)	<input type="checkbox"/> <b>Social Security Number (SSN) Change -or-</b> <input type="checkbox"/> <b>Individual Tax Payer I.D. Number (ITIN) Change</b> Previous or Incorrect Number: _____ New or Correct Number: _____ -- REQUIRED DOCUMENTATION IN ADDITION TO PHOTO ID -- SSN: Social Security card   ITIN: ITIN authorization letter
<input type="checkbox"/> <b>Date of Birth Change</b> Incorrect Date of Birth: _____ <div style="text-align: center; font-size: small;">Month / Day / Year</div> Correct Date of Birth: _____ <div style="text-align: center; font-size: small;">Month / Day / Year</div> -- REQUIRED DOCUMENTATION -- Government issued ID containing date of birth	<input type="checkbox"/> <b>Gender Change</b> Previous Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female New Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female -- REQUIRED DOCUMENTATION IN ADDITION TO PHOTO ID -- Court order or driver's license

## AGREEMENT AND SIGNATURE

I certify that the information provided on this form and within any attached document is true and accurate; I understand that providing false information can lead to dismissal or have other consequences. I acknowledge that I am responsible for any changes made to my personal information record. I understand the IRS penalties associated with an incorrect name and/or Social Security number.

➔ SIGNATURE (REQUIRED): \_\_\_\_\_ DATE: \_\_\_\_\_

## FOR OFFICE USE ONLY

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Department/Location: \_\_\_\_\_