

<b>LAMAR INSTITUTE OF TECHNOLOGY</b>  <b>NAME/ADDRESS/TELEPHONE/SSN CHANGE AUTHORIZATION FORM</b>  <i>Please print legibly</i>	<b>A new social security card bearing your new name is required for name changes.</b>		
	<b>New Name:</b> _____ <i>Last</i> <span style="margin-left: 200px;"><i>First</i></span> <span style="float: right;"><i>Middle</i></span>		
<b>Previous Name:</b> _____ <i>Last</i> <span style="margin-left: 200px;"><i>First</i></span> <span style="float: right;"><i>Middle</i></span>			

Date	ID NUMBER	Indicate your primary role	Prefix ( <i>Circle one</i> )
	I _____	LIT Student _____ LIT Employee _____ LIT Alumni _____	Dr Miss Mr Mrs Ms

**New Home Address (Local Address)**

Street or PO Box Number	City	State	Zip Code
-------------------------	------	-------	----------

**Previous Home Address (To be inactivated)**

Street or PO Box Number	City	State	Zip Code
-------------------------	------	-------	----------

**Mailing Address (Only provide if different from new home address)**

Street or PO Box Number	City	State	Zip Code
-------------------------	------	-------	----------

**Current Telephone Numbers**

Home Telephone number	Cell Phone Number	LIT Work Number
-----------------------	-------------------	-----------------

**Social Security Number**

New Number	Old Number	<b>A new, valid Social Security Card must be presented before your ssn can be changed.</b>
------------	------------	--

**Please Note:** If you participate in the Optional Retirement Program (ORP) it is your responsibility to contact your company.

Signature: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b> Action taken by: _____ Processed on P/S and Banner: _____	Distribute to: Purchasing - Box 10003 Imaging-Personal Information
--	--