



**OFFICE OF THE REGISTRAR**  
**UNIVERSITY OF NORTH CAROLINA WILMINGTON**  
**601 SOUTH COLLEGE ROAD • WILMINGTON, NORTH CAROLINA 28403-5618**  
**PHONE: 910-962-3125 • HTTP://WWW.UNCW.EDU/REG**

**SUBMISSION OR CORRECTION  
 OF SOCIAL SECURITY NUMBER FORM**

**UNCW employees, including those who have separated from UNCW in the last six months, must see Human Resources (Administrative Annex 1045).**

UNCW ID: _____	Name: _____	Last	First	Middle
Phone: (_____) _____	Email: _____			

Submission of SSN (no SSN currently on record)	Correction of current SSN on record	SSN: _____
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<b>Proof of SSN change:</b>			
Requires original signed social security card and government-issued photo ID.			
<b>Office Use Only</b>			
Y	N	Verified ID	Reviewing Staff Name _____

- Address changes and your preferred **FIRST** name can be updated in [SeaNet](#).
- Name changes require a separate form and documentation (see <http://www.uncw.edu/reg/students-nameChg.htm> for more details).

**This form must be signed in the presence of an Office of the Registrar staff member. Please bring the above mentioned documentation.**

\_\_\_\_\_  
*Student Signature*                                  *Date*

Office Use Only			
GUASYST	Employee record?	Y	N
SHAPCMP	Partial?	Y	N
Processed by: _____			
Date: _____			