



CWU Payroll Department

Mitchell Hall



NAME CHANGE REQUEST

STUDENTS ONLY

I have legally changed my name

From: Last Name _____ First Name _____ MI _____

To: Last Name _____ First Name _____ MI _____

CWU ID _____ SS# (If no CWU ID) _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Signature _____ Date _____

Please bring your Social Security Card with your new legal name to the CWU Payroll office at:

CWU Payroll Office
2nd Floor, Mitchell Hall
400 East University Way
Ellensburg, WA 98926
(509) 963-2221
Mail Stop 7479

Notify Admissions if Student _____