

# Social Security Number (Or Taxpayer ID Number) Update Form



Office of the Registrar  
900 N. Portland Ave.  
Oklahoma City, OK 73107  
405-945-3291  
Fax: 405-945-3277  
okc.records@okstate.edu

INSTRUCTIONS: Complete all information on this form and attach with (1) your social security card, numident or your IRS letter assigning your ITIN, and (2) a government-issued photo ID to the appropriate office (HR for employees, or the Registrar's Office for students). You may submit this form and the supporting documentation to the appropriate office (HR for employees, or Registrar's Office for students).

**NAME**  
LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

**STUDENT ID:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_  
(Include area code)

**TERM OF LAST ATTENDANCE (STUDENTS ONLY):** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DOCUMENTATION REQUIRED** (both SSN/ITIN documentation and a valid government-issued photo ID are required)

**1. Type of SSN/ITIN documentation provided** (attach a legible copy if not submitting in person):

- Social Security Card
- IRS letter assigning ITIN
- Numident

**2. Type of government-issued photo ID provided** (attach a legible copy if not submitting in person):

- Driver's license (or other state-issued photo ID)
- Passport
- Military ID

OKLAHOMA STATE UNIVERSITY- OKLAHOMA CITY IS REQUIRED TO ANNUALLY FURNISH EMPLOYEES WITH A W-2 FORM AND ENROLLED STUDENTS WITH A 1098-T FORM PURSUANT TO IRS REQUIREMENTS. FEDERAL LAW REQUIRES EMPLOYEES AND STUDENTS TO FURNISH THE INSTITUTION THEIR CORRECT SSN (OR ITIN IF THEY ARE NOT ELIGIBLE FOR A SSN), AND FAILURE TO FURNISH A CORRECT SSN OR ITIN MAY RESULT IN THE IRS ASSESSING A FINANCIAL PENALTY TO THE EMPLOYEE/STUDENT. I UNDERSTAND THAT THIS CHANGE WILL BE REFLECTED IN ALL OSU A&M INSTITUTION ADMINISTRATIVE SYSTEMS.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>Office Use Only</b>			
BANNER SYSTEM IDENTIFICATION:	_____ STUDENT	_____ HR	_____ FINANCIAL AID
	_____ FINANCE	_____ ACCOUNTS RECEIVABLE	
Processed by:	_____ Department:	_____ Institution:	_____ Date: _____