



**Alabama Agricultural and Mechanical University
Office of Human Resources**

**Mailing Address: Human Resources, Alabama A&M University, Normal, AL 35762
Phone: 256.372.5835 Fax: 256.372.5881**

DEMOGRAPHIC CHANGE AUTHORIZATION FORM

Date _____

A-Number: _____

Name: _____

Signature: _____

Faculty []

Staff []

Graduate Assistant []

SOCIAL SECURITY NUMBER CHANGE

A copy of Social Security Card^(a) bearing your current name and number must be presented to Office of Human Resources Personnel or attached to this form.

_____-_____-_____
Current Social Security Number

_____-_____-_____
New Social Security Number

**Complete and return the form with required attachments to the Alabama A&M University
Office of Human Resources via U.S. Mail, Facsimile, or hand delivery at 4101 Meridian Street.**

^(a)Social Security Card is required to avoid social security mis-match with the US Government. For more information, reference www.ssa.gov/employer/ssnvspamphlet.htm