



NAME CHANGE REQUEST FORM

Please fill out this form and submit to the Office of Registration and Records. You will also need to attach legal documentation with this form in order to process.

STUDENT INFORMATION:

STUDENT ID #: _____

NEW NAME (Name as you wish it to appear on your records):

Last Name: _____ First Name: _____ Middle Name: _____

PREVIOUS NAME (Former Name – current name in the system):

Last Name: _____ First Name: _____ Middle Name: _____

Would you like your student e-mail address and network login updated to reflect the changes above? YES NO

SUPPORTING LEGAL DOCUMENTATION (REQUIRED)

Please indicate the type of legal documentation you are providing to support your name change request:

- State Issued Driver’s License
- Marriage Certificate
- Legal Name Change/Court Documentation
- Passport
- Other: _____

Student Signature: _____ Date: _____

Office Use Only

- Document Verified
- Copy made for file
- Update Former Name Field
- Update Current Name Field

By: _____ Signature: _____ Date: _____