

## NAME CHANGE REQUEST FORM

Student ID Number:			
Previous Name:Pleas	se Print (Last, First, M	liddle)	
Current Name:Pleas	se Print (Last, First, M		
*Please Note: <u>Documentation must be submitted with this Name Change form.</u> Documentation may consist of a Legal Court Document, Marriage Certificate, Driver's			
License, or Social Security Card.			
*Student Signature:  By signing my name above, I confirm I am the individual.  Date:  (MM/DD/YY)			(MM/DD/YY)
Please Return This Form with Documentation to the Registrar's Office.			
For Official Use Only			
	Date Posted:	Initials:	
	IT Notified:	Initials:	