



NAME CHANGE REQUEST FORM

Student ID Number: _____

Previous Name: _____

Please Print (Last, First, Middle)

Current Name: _____

Please Print (Last, First, Middle)

***Please Note: Documentation must be submitted with this Name Change form.**

Documentation may consist of a Legal Court Document, Marriage Certificate, Driver's License, or Social Security Card.

***Student Signature:** _____ **Date:** _____

By signing my name above, I confirm I
am the individual.

(MM/DD/YY)

Please Return This Form with Documentation to the Registrar's Office.

For Official Use Only	
Date Posted:	Initials:
IT Notified:	Initials: