



CHANGE OF NAME

PLEASE PRINT CLEARLY

Student ID # or SSN: _____

Date: _____

Name (OLD):

First	Middle	Last	Suffix

Name (NEW) *(As it will appear on ALL College Records)*:

First	Middle	Last	Suffix

Address: _____

	Street	Apt. #
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City	State	Zip

Telephone: (____) _____ - _____ Email: _____

Date of Birth: ____/____/____

Signature: _____

Registrar Office Use Only

Documents Provided:

- Birth Certificate
- Passport
- Marriage Certificate
- Court papers
- Government Issued ID
- Other: _____

Date Received: ____/____/____

Date Change Made: ____/____/____