



I request that my name be changed on my official records.

Social Security or Student ID Number

_____ - _____ - _____

Effective Date of New Name _____ - _____ - _____
Month Day Year

FROM:

Last Name

First Name

Middle Name/Initial

TO:

Last Name

First Name

Middle Name/Initial

For the following reason:

- Married (attach copy of marriage license) Divorced (attach copy of portion of divorce decree pertaining to name change)
- Birth Certificate (attach copy of legal document) Court Action (attach copy of legal document)
- Other (state specific reason)

Marital Status:

- Single Married Other

Emergency Contact:

Last Name

First Name

Middle Name/Initial

Relationship to Student: _____

I certify that the above statements are correct and complete and that there is no intent on my part to defraud. I further state that the name currently on record and the name requested above are for one and the same person. I also understand that I may be required to furnish verifying documentation for this request.

Signature

Date of Request

Note: Please return completed form to the Office of Admissions and Records, Bldg. 273, Box 1111.