

CHANGE OF NAME REQUEST

STUDENT INFORMATION:

Student Name _____ Student ID # _____
First, Middle, Last

Former Name _____ DOB ____ / ____ / ____ SSN, SIN or National ID _____

← Check the box if your address or contact information is new.

Street Address _____

City, State, Zip _____ Country _____

Home Telephone (____) ____ - ____ Work Telephone (____) ____ - ____

Mobile Telephone (____) ____ - ____ Preferred Email _____

NAME CHANGE INFORMATION:

A copy of one of the following documents is required with this request:

- Social security card
- Old and new driver's license
- Marriage certificate
- Legal court documentation of name change

X

SIGNATURE OF STUDENT (Required in accordance with the Family Educational Rights to Privacy Act of 1974) **DATE**
