



Change of Name

(Please Print)

Name: _____

Social Security Number: _____ or ID#: _____

Phone #: _____

E-mail Address: _____

Are you a Current Student? Yes No

If Yes, Estimated Graduation Date: _____

Graduated: Yes No Current Degree: _____

Date Graduated: _____

No:

Please change my name to:

First Name: _____

Middle Name: _____

Last Name: _____

Marital Status: Single Married

Document Provided: _____

(Marriage license or official court records)

Student's Signature: _____ Date: _____