



Change of Name Form

Program: _____ Class #: _____

SS#: _____ - _____ - _____ Student ID: _____

I am currently registered under the name: _____

I would like to be registered under the name: _____

Required Documentation:

The original copy of the legal document changing your name must be brought in to the office with this completed form for review. If the original legal document is not available then a copy of the document must be attached to this form and the bottom of this form must be notarized.

Reason for Change:

- Marriage
- Divorce
- Legal/Court Order
- Misspelling Correction
- Other: _____

I certify that the above information is correct.

Name Signature Date

Office Use Only

Approved: Yes No

Academic Administrative Manager Signature Date