



Office of Admissions and Records Name Change Request

Note: Must provide official documentation of legal name change. Please print the following information clearly.

Student ID # _____ Telephone # _____ Today's Date _____

Male Female **Change name to:** _____
Last First MI

\ Birthdate _____ **Former name:** _____
Month Day Year Last First MI

I certify that this name change is not being made for illegal or unlawful purposes.

Student Signature: _____ Last date/semester of attendance: _____

Office Use Only: Documentation provided: _____ Verified by: _____

Processed by: _____ Date: _____