



LEGAL NAME CHANGE FORM

Please Print Legally

FORMER Name: _____

First

Middle

Last

NEW Name: _____

First

Middle

Last

Student ID Number or Date of Birth: _____

Academic College: _____

Major: _____

Signature: _____

Date: _____

NOTE: Please allow one working day from receipt of this form for the name to be changed in the Student Information System. In order to verify your name change, we are required to see government-issued documentation which shows your name as you wish it to appear on your official record.

REGISTRAR'S OFFICE USE ONLY

Processed By: _____ Date: _____