



## LEGAL NAME CHANGE FORM

*Please Print Legally*

**FORMER Name:** \_\_\_\_\_  
First Middle Last

**NEW Name:** \_\_\_\_\_  
First Middle Last

Student Number or Last four of SSN: \_\_\_\_\_

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: \_\_\_\_\_