



**University  
Registrar**

*Division of Enrollment Management*

**LEGAL NAME CHANGE FORM**

*Please Print Legibly*

**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: \_\_\_\_\_