



Office of the Registrar

# Legal Name Change Form

I, \_\_\_\_\_, Student ID # \_\_\_\_\_

Request that my name be changed on my student records as follows:

**From:**

\_\_\_\_\_

Last

First

Middle Initial

**To:**

\_\_\_\_\_

Last

First

Middle Initial

Document: \_\_\_\_\_ Marriage License \_\_\_\_\_ Naturalization \_\_\_\_\_ Court Document

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For use by the Office of the Registrar:**

Verified Original Document: \_\_\_\_\_ Date: \_\_\_\_\_

Date Entered into the Student Information System: \_\_\_\_\_ By: \_\_\_\_\_