Student Change Name Form
PLEASE COMPLETE FORM IN BLACK PEN

STUDENT’S OLD NAME

Last   First   Middle

STUDENT ID NUMBER OR SOC. SEC

REASON

EVIDENCE SUBMITTED

NEW NAME and CURRENT ADDRESS:

Last   First   Middle

Street

Apt. #

City   State   Zip Code

STUDENT SIGNATURE

DATE

REGISTRAR’S SIGNATURE

DATE

REGISTRAR’S OFFICE USE ONLY

Entered by ___________________________ Date ___________________________

___ Perkins Loan Office  ___ Bursar Office
___ Financial Aid Office  ___ Student Life
___ Department Chair  ___ Lasker Receptionist
___ Health Center  ___ Post Office
___ Library  ___ Continuing Education
___ Graduate Office

FORM 1-12