DELAWARE VALLEY COLLEGE
Office Of The Registrar

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
___Financial Aid Office
___Department Chair
___Health Center
___Library
___Graduate Office

___Bursar Office
___Student Life
___Lasker Receptionist
___Post Office
___Continuing Education