

Change of Name Form

STUDENT ID NUMBER: _____

STUDENT'S FORMER FULL NAME:

(Last) (First) (Middle) (Maiden Name)

NAME CHANGE:

STUDENT'S **NEW** FULL NAME:

(Last) (First) (Middle) (Maiden Name)

Please provide a copy of your newly issued Social Security card for documentation of name change.

FOR OFFICE USE ONLY:

Notify for Current Students: IT for Email Address Update Business Office Financial Aid

Notify for Former Students: Foundation Office Business Office

Staff Member Initials _____