



## Change of Legal Name

Today's Date: \_\_\_\_\_

Former Name, Printed: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### New Name Information:

The following is my new legal name (print clearly):

\_\_\_\_\_

Last

First

Middle or M.I.

Effective Date of change(s): \_\_\_\_\_

\*Documentary evidence of legal name change is required and must be attached to this form.

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

Office Use Only:

Change(s) entered  
Date entered: \_\_\_\_\_

Registrar's Office: \_\_\_\_\_  
Initials