

Name Change Form

Social Security Number: _____

Effective Date: _____

New Name:* _____
(Last) (First)

Prior Name(s): _____
(Last) (First)

Other Names: _____

Registrar Office Use Only: Financial Aid Payroll

* In order for your name to be changed, you must provide the following documentation: copy of marriage or divorce paperwork and correct social security card or drivers license.

Please return this form to the registrar