



CHANGE OF NAME FORM

Attention: Please allow 5-10 business days for processing. Additional time may be needed during grading periods.

Student Information

Name: _____
Last
First
Middle
Other

Email: _____ Phone: _____ Student ID # _____

Program: DO MSB OT MPH PT

Anticipated Graduation Year: _____

In order to complete a legal name change, fill out this form and bring **all** the following **original** documents to the Registrar's Office to be copied and uploaded to the student information system:

- o Legal document that necessitates the name change (marriage license, naturalization papers, court decree, etc.)
- o New driver's license, passport, or other government issued photo ID
- o Updated social security card

Please note that additional documentation may be requested. The name change request will not be processed until all original documentation is provided to the Office of the Registrar. ***Students who are out of the area should contact the Registrar's Office for alternate directions, as photocopies are not accepted in lieu of original documents.***

Previous Name			
_____	_____	_____	_____
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Other</i>
New Name			
_____	_____	_____	_____
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Other</i>

AUTHORIZATION:

Student Signature: _____ Date: _____

For Registrar's Use Only

Date Name Changed in SIS & Workflow Initiated: _____ Initials: _____

Notes: