

CHANGE OF NAME FORM

DIRECTIONS: Complete and turn in with legal documentation** (e.g., marriage certificate) to Registration & Records, SSOM RM 220.

Section 1: STUDENT INFORMATION

Name _____

Class of 20 _____

Section 2: ADDRESS CHANGE (if applicable)

Effective date: _____

New Address _____

City, State _____ Zip Code _____

New Phone _____

Above changes affect (check all that apply):

- Local Address Local Phone Cell Phone
 Permanent Address Permanent Phone

Section 3: NAME CHANGE (please print clearly)

New Name _____
First *Middle* *Last*

Reason for Change: Marriage Legal Other _____

****A CERTIFIED copy of legal documentation MUST accompany this form.** No records will be changed without the accompanying paperwork. For name changes due to marriage, a **certified marriage CERTIFICATE** (a marriage license is NOT acceptable), signed by the county or state government official showing that the marriage has been **recorded through their vital records office**, is required.

Section 4: SIGNATURE

_____ Student Signature

_____ Date

FOR OFFICE USE ONLY:

	Database Updated	_____	Initials
	Roster Updated	_____	Initials
Effective Date: _____	SRS Updated	_____	Initials
	Depts* Notified	_____	Initials
	File Updated	_____	Initials

*see roster update address groups in Groupwise