



GRADUATE STUDENT RECORDS NAME CHANGE FORM

Name as it currently appears in records

FIRST NAME _____

LAST NAME _____

STUDENT ID # (SEVEN DIGITS) _____

NETID _____

PHONE _____

EMAIL _____

Date of birth: _____

Reason for change: Married Widowed Divorced Other _____

New name

First Name _____

Middle Name _____

Last Name _____

Signature _____ Date _____

Required: You must submit a copy of a legal form of identification which displays your new name. Appropriate documentation includes social security card, a valid driver's license, valid passport, birth certificate, or court order.

For office use only. Do not write below this line.
