

OFFICE USE ONLY
Date Recorded:
Recorder Initials:

LEGAL NAME CHANGE REQUEST

Student Name:			
Student Signature:			
Student ID:			
Change Effective Date:			
NAME CHANGE			
Print OLD Name:			
First Name:			
Middle Name:			
Last Name:			
Print NEW Name:			
First Name:			
Middle Name:			
Last Name:			
Validation of NEW name is required; one of the following must be presented with			
this form:			
☐ Driver's License	☐ Court Order	☐ Marriage License	
□ U.S. Passport	☐ Military ID	☐ Federal/State ID	