Office of the Registrar
Ochre Court, Room 203
100 Ochre Point Avenue
Newport, RI 02840-4192
Tel: 401-341-2943 * Fax: 401-341-2996
sruregistrar@salve.edu

OFFICE USE ONLY
Date Recorded: _____
Recorder Initials:_____

LEGAL NAME CHANGE REQUEST

Instructions for Completing and Submitting This Form

1. **Download this PDF** and save it to your computer or mobile device before completing it. Do not complete the form in your web browser.
2. **Open the downloaded file using Adobe Acrobat Reader** or Adobe Acrobat Pro, then complete the form.
3. **Digitally sign the form** using Adobe Acrobat's signature feature: Select Fill & Sign or Certificates, depending on your version of Adobe Acrobat, then apply your digital signature in the designated signature area.
4. **Save the completed and signed form** to your device.
5. **Submit the form by email**: Current students must submit the completed form from their Salve Regina University email account.

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