



**Name Change Authorization**

Current Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Please change my legal name to:

\_\_\_\_\_

Supporting documentation for this change:

- Picture ID e.g., drivers license or passport
- Marriage License
- Social Security Card
- Court Order

A copy will be retained in your student folder.

Current permanent home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Registrar's Office: \_\_\_\_\_ Date: \_\_\_\_\_ Folder changed \_\_\_\_\_