



OFFICE OF THE REGISTRAR

NAME CHANGE REQUEST

**This completed form must be returned to the Registrar's Office
with one of the following Official Documents:**

Marriage/Divorce Certificate, Court Decree, Passport

I.D. #:

or

S.S. #:

**This is a request to change my name on my academic records at the College of Law
Registrar's Office to:**

(please print)

My academic records currently list my name as:

(please print)

Current Student: ☐

or

Alum: ☐

Address: _____

City

State

Zip

Phone

Signature: _____

Date: _____

FOR REGISTRAR'S OFFICE USE ONLY:

PROCESSED BY: _____ *DATE:* _____