



OFFICE OF THE REGISTRAR

NAME CHANGE REQUEST

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

**Marriage/Divorce Certificate, Court Decree, Passport**

I.D. #:  or S.S. #: --

**This is a request to change my name on my academic records in 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: \_\_\_\_\_