

Registrar's Office

Use This Form to Change Name or Marital Status

Previous Name	Last	First	MI
New Name	Last	First	MI
Marital Status:		SID:	
<input type="checkbox"/> Married	Date of Marriage: _____	*SS#	
<input type="checkbox"/> Single	Date of Divorce: _____		
Campus Address (Residence Hall Students Only)	Street Address		Telephone Number:
	City	State	Zip Code
Mailing Address (Used for mailing <u>during</u> terms)	Street Address		Telephone number:
	City	State	Zip Code
Permanent Address (Used for mailing <u>between</u> terms)	Street Address		Telephone Number
	City	State	Zip Code
Email Address:			

* Social Security Number is voluntary and only used to verify records of change requestor.

Student Signature

Date

Attach one photo copy of support documentation (mandatory):

- Marriage License
- Driver's License
- Legal Papers

Processed By: _____

Date: _____