

PLEASE FILL IN ALL REQUESTED INFORMATION NEATLY AND COMPLETELY.

Do you want this change of name to appear on your upcoming (for potential graduates) and/or duplicate/replacement diploma? Yes _____ No _____

Current Student Name: _____
Last Name First Name Middle

Former Student Name: _____
Last Name First Name Middle

Student ID: _____

Current Address (required)		
(Street 1)		
(Street 2)		
(Street 3)		
(City)	(State)	
(Zip Code)	(Area Code)	(Telephone Number)

Reason for Change: (Check appropriate box and <u>attach copy of legal documentation for justification</u>)	
<input type="checkbox"/>	Marriage
<input type="checkbox"/>	Divorce
<input type="checkbox"/>	Legal/Court Order
<input type="checkbox"/>	Misspelling Correction
<input type="checkbox"/>	Other (explain)

Student Signature

Date

DO NOT WRITE BELOW THIS LINE. REGISTRAR'S OFFICE USE ONLY

Initials and Date Processed