

# Villanova University

## Name/ID Change

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Please print and sign this form, then mail or email it to the Office of the Registrar. Be sure to include photocopies of appropriate proof of identification.

**\*\*Do not use this form to change your diploma name. All updates to diploma name should be emailed to registrar@villanova.edu \*\***

Previous Name (*First, Middle, Last*): \_\_\_\_\_

New Name (*First, Middle, Last*): \_\_\_\_\_

Reason for name change:

- Certified Court Order
- Marriage (date: \_\_\_\_\_ )
- Divorce decree (date: \_\_\_\_\_ )

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Previous Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

New Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Proof Provided:

- Driver's License
- Birth Certificate
- Passport
- Social Security Card (required for SSN change)
- Certified Court Order

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I hereby verify that the information that I have provided is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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