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.

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

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

Reason for name change:

* Certified Court Order
* Marriage (date: )
* Divorce decree (date: )

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

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

Proof Provided:

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

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

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