

We recommend that you make two copies of this form if you wish to retain one for your records. Original documents must be presented in person at The HUB. We will photocopy the original document for our files.

Change of Name Form

STUDENT INFORMATION

Student ID Number: _____

Print CURRENT NAME on file: _____
Last *First* *MI*

Print NEW AUTHORIZED NAME: _____
Last *First* *MI*

My name has been changed for the following reason:

(Check all that apply)

- | | | | |
|-------|-------------|----------------|-------|
| _____ | Passport | Effective Date | _____ |
| _____ | Marriage | Effective Date | _____ |
| _____ | Divorce | Effective Date | _____ |
| _____ | Adoption | Effective Date | _____ |
| _____ | Court Order | Effective Date | _____ |
| _____ | Correction | Effective Date | _____ |

A CERTIFIED COPY OF ANY LEGAL DOCUMENT AUTHORIZING A NAME CHANGE MUST ACCOMPANY THIS FORM.

SIGNATURE

Student Signature: _____

ENROLLMENT SERVICES USE ONLY

Approval: _____

ID Card Access: _____

Asst. Director: _____

Records: _____

SIS: _____