



### REQUEST FOR CHANGE OF NAME

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

Student's CLID: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name as currently appears in university records: \_\_\_\_\_

Name as appears on corrected Social Security card: \_\_\_\_\_

**Required Documentation:**

Corrected Social Security Card

Driver's License

**Additional Documentation Attached (must supply one):**

Marriage Certificate

Divorce Decree

Legal Court Name Change

\_\_\_\_\_  
*Student's signature*

\_\_\_\_\_  
*Date*

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

Correction processed by: \_\_\_\_\_  
Records Clerk

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