

Name Change Form*

*Attach Required Documentation

Student ID # @ _____

Prior Student Name _____

New Student Name _____

Student Signature _____ Date _____

OFFICE USE ONLY:

- Registrar Office Approval _____ Date _____
- One Stop checklist:
 1. Transcript Drive Review/Update
 2. SPAIDEN Review/Update
 3. OS Processor _____ Date _____
- File Maintenance Review/Updated _____ Date _____