

PLEASE PRINT IN INK

Student Identification Number: _____ - _____ - _____
Full Name as it **currently** appears on our records:

Last Name First Name Middle Name

Name Change:

New **legal** name:

Last Name First Name Middle Name

Email Address Phone Number

In order to process your request you must attach two of the following document:

At least **ONE** form of documentation **must** have your photograph for verification purposes.

- One with **NEW** legal name: *Driver's License* *Marriage License* *Court Order*
 Passport *State Identification Card* *Social Security Card*
 Birth Certificate *Other legal document*

- One with your **OLD/PREVIOUS** name as it **currently** appears: *Student ID Card* *Driver License*
 Passport

IMPORTANT: If you change your name after the first day of finals during your graduation quarter, then you will be required to pay a diploma fee if you wish to have your new name on your diploma.

Are you a candidate for a degree for the **current** term? ___ Yes ___ No

Social Security Number/ITIN Change:

Print Social Security Number/ITIN here: _____ - _____ - _____
Social Security/ITIN Card and Picture ID required for change.

Date of Birth Change:

Print date of birth here: _____ - _____ - _____
Drivers License only, or Birth Certificate and Picture ID required for change.

IMPORTANT INFORMATION:

Financial Aid Recipients: If you receive Financial Aid, your name in our Student Information System **must** match the name on your Social Security card in order to continue to receive Financial Aid. You will need to provide a copy of your Social Security card and Photo Identification such as a Driver's License or a Passport for verification purposes.

Alien Status: If you have an Alien status, your name in our Student Information System **must** match your name as it appears on your Passport. You will need to provide a copy of your Passport for verification purposes.

I certify that all of the statements on this application and on all of the attached documentation are true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

You **MUST** submit this form and the attached documentation to
the Student Services Counter (**Highlander One Stop Shop**) on the first floor of the Student Service Building.

FOR OFFICE USE ONLY: REGISTRARS – Continuing Student UNDERGRADUATE ADMISSIONS - Applicant