

# Name Change Request

# INDIANA TECH

## *Student Information (Please print clearly)*

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**Former Name:** Full name as it now appears on university records.

\_\_\_\_\_  
Last First Middle

**New Name:** Full legal name as it should be changed (suffix and/or hyphen included).

\_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ Student I.D. Number \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**I authorize my name to be changed on university records as indicated above.**

\_\_\_\_\_  
Signature (new name) Date

## *Documentation*

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Please present one of the following documents displaying your new name to staff at the nearest campus.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Birth Certificate            | <input type="checkbox"/> Driver's License (if SSN is displayed) |
| <input type="checkbox"/> Passport             | <input type="checkbox"/> Marriage License/Certificate | <input type="checkbox"/> Divorce Decree                         |
| <input type="checkbox"/> Court Order          |   |   |

## *For Office Use Only*

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Staff member has inspected and verifies the attached document to be a copy of the original.

Name of Staff: \_\_\_\_\_ Date Received: \_\_\_\_\_

Name change and files updated by: \_\_\_\_\_ Date Entered: \_\_\_\_\_