OFFICE OF THE REGISTRAR

Franciscan University of Steubenville 1235 University Blvd Steubenville, OH 43952 (740) 283-6221 opt. 4



NAME CHANGE FORM

NAME CHANGES MAY ONLY BE SUBMITTED BY THE INDIVIDUAL WHOSE NAME HAS CHANGED.

<u>Print clearly</u>

Previous Name (First, Middle, Last)	
Current Legal Name (First, Middle, Last)	
Student ID number	Social Security Number
Reason for Name Change*:	
\in Change of Marital Status \in Religiou	os Life
* A copy of legal documentation must be submitted marital status, specifically a copy of the marriage li	ed to process a name change. If there has been a change in icense or divorce certificate must be presented.
Marital Status:	
\in Single \in Married \in Divorced	€ Widowed € Other (i.e. religious life)
CONTACT INFORMATION	
Street Address 1	Home Phone
Street Address 2	Cell Phone
City, State ZIP	E-mail Address
SIGNATURE	DATE