



LANE COLLEGE Registrar's Office
545 Lane Ave. Jackson, TN. 38301
731-426-7600
Fax 731-426-7594

REQUEST FOR NAME CHANGE FORM
(STUDENT)

Former Name: _____
Last First MI

New Name: _____
Last First MI

SSN#: _____ Date of Birth: _____
Month Day Year

SPECIAL NOTE

In order to change your name on your official record, we will need a copy of one of the following items:

- Certified Court Order Granting Name Change
- Marriage Certificate
- Passport
- Driver's License
- Permanent Resident Card

Your new name must appear on any documents that you submit in support of your request.

I understand that LANE COLLEGE will continue to retain my former name as well as my new name in its records. I also understand that LANE COLLEGE may disclose my former name in accordance with applicable law.

I request that my name be changed in official LANE COLLEGE records in accordance with policy and this form:

Signature Date

Do not write below this line.

Registrar's Office Use Only:

Received _____ Processed _____ By _____