

Please TYPE or PRINT data through item #2.

3333 Regis Boulevard, A-8 Denver, Colorado 80221-1099 303-458-4126/1-800-568-8932 enrolsvc@regis.edu

## **Change of Name Affidavit**

Ι, _		, l	being first duly	sworn upon oath	, depose and state as follows:
1.	That my previous legal na	ame was			
•	That my previous legal na	First		Middle	Last
2.	That in compliance with a	ny and all applicable	state laws I ha	e legally and of	ficially changed my name to
	First Middle Last Month/Day/Year				
	First N	Middle	Last	<u> </u>	Month/Day/Year
3.	That I hereby request Represent the name change s			my academic an	d administrative records to
4.		save, hold harmless, and indemnify Regis University against any loss or damage it may suffer as a ompliance with my request.			
Stu	dent ID #		OR S	S#	
Stu	dent/Alum Signature				
NC				via the mail or v	Month/Day/Year when a photo ID is not available f
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