

Request for Change of Name

Note: You will be required to supply supporting documentation. Accepted forms of documentation are: certified copy of marriage license, divorce decree or dissolution decree, certified copy of Certificate of Name Change, current passport, current driver's license, or social security card.

Please print and return completed form to the Office of Registration and Records, Parsons Hall, Room 009, Indiana State University, Terre Haute, IN 47809.

Student Information

Student ID# (991-XXX-XXX) _____ Date of Birth (MM/DD/YYYY) _____ Currently Enrolled: Yes No College of Last Enrollment _____

Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____

Previous Name

Last Name _____ First Name _____ Middle Name _____

New Name

Last Name _____ First Name _____ Middle Name _____

Reason for Change: Marriage Divorce Other: _____

I certify the above is true and correct.

Student Signature _____ Date _____

OFFICE USE ONLY

Processed By _____

Date _____