

# SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

## NAME CHANGE REQUEST FORM

Student ID Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**FROM:** \_\_\_\_\_  
Last Name First Name Middle Name/Initial

**TO:** \_\_\_\_\_  
Last Name First Name Middle Name/Initial

Student Birthdate: \_\_\_\_\_ \*Signature: \_\_\_\_\_  
MM/DD/YYYY \*By signing this form, I certify that I am the student listed above.

**Note: If you are employed by the University, please contact the Offices of Human Resources.**

**Reason for name change:**

Marriage  
 Divorce

Typographical Error  
 Court Action

**Marital Status:**

Single  Married  Divorced  
 Other  Rather Not Specify

**Previous Names Under Which You May Have Attended:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Emergency Contact Info**

Contact's Name: \_\_\_\_\_  
Last First M.I.

Phone Number: \_\_\_\_\_ Make this Primary

Relationship to Student:  
(please circle one)

C	Child	U	Guardian	S	Sibling
F	Extended Family	O	Other	X	Significant Other
G	Grandparent	P	Parent	M	Spouse

Replace the following emergency contact(s) already on record:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**ADDITIONAL INSTRUCTIONS**

Please attach a copy of your proof of identity. Valid proof of identity may be one of the following documents:

driver's license	passport	marriage license
signed SSN card	birth certificate	notarized court document

The Office of the Registrar will not accept documents that have expired and reserves the right to request additional documentation prior to completing a name change request.

Please return completed form to the Service Center, Rendleman Hall, Rm. 1309, Box 1080.