

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.

**Note1: Name and Marital Status changes must be completed on the Name Change Form.**  
**Note2: If you are employed by the University, please contact the Offices of Human Resources.**

**Indicate reason for name change by checking one of the following:**

- Marriage                       Typographical Error (if entered incorrectly on application,  
 Divorce    please provide copy of birth certificate)  
 Court Action (please provide copy of legal documentation)

**Marital Status (please check one):**

- Single  
 Married  
 Divorced  
 Other  
 Rather Not Specify

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

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

**Emergency Contact Info**

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

Phone Number: \_\_\_\_\_

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            |

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