LEGAL CHANGE OF NAME FORM

Office of the Registrar
One Winooski Park, Colchester, VT-05439
Telephone: 802.654.2571 Fax: 802.654.2690

Student Name: ___________________________ Date: ___________________________
Student ID #: ___________________________ Graduation Year: __________________

NAME CHANGE

RECORD THIS AS A CHANGE IN:

☐ STUDENT NAME
☐ PARENT/GUARDIAN NAME

(Must Attach Supporting Documents)*

CHANGE FROM:

Last Name
First Name
M.I.

CHANGE TO:

Last Name
First Name
M.I.

REQUIRED DOCUMENTATION*

I. Attach a copy of one legal document listing both names.

Examples of acceptable documents include: marriage license/certificate, civil union certificate, divorce decree, or court order clearly stating the new name.

II. If the document listing both names does not indicate which name the student is using, attach a second document showing the name the student is using now.

Examples of acceptable documents include: driver’s license, passport, SS card

CHANGE REQUESTED BY:

Print Name

RELATIONSHIP TO STUDENT: ___________________________

Signature

DATE: ___________________________

FOR OFFICE USE ONLY:

NAME OF OFFICE ORIGINATING CHANGE: ___________________________

ROUTING: Student Accounts IA Health Services Registrar Student Life HR