



Office of the Registrar
 One Winooski Park, Box 3
 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
 (Must Attach Supporting Documents)

PARENT/GUARDIAN NAME

CHANGE FROM: _____
 Last Name

 First Name

_____ M / F
 M.I. Gender

CHANGE TO: _____
 Last Name

 First Name

_____ M / F
 M.I. Gender

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 and/or gender.

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 ____ HR ____ Student Life ____ KnightCard ____ IT ____ Public Safety ____
 Post Office ____ Registrar's Office ____