



Student Name Change

Please complete this form in its entirety

Please read the "Policy Statement on Student Name changes on University Records" before completing this form.

Use it only to change your name on the University's Official Records, not to correct or adjust the spelling or format of your name. Two forms of identification are required.

Name

Current Name in Records Now (Last, first, middle initial): _____

Requested New Name (Last, first, middle name/initial): _____

Student ID Number (if available): _____ **Date of Birth:** _____

Address

Street: _____

City, State, Zip Code: _____

Email Address: _____ **Phone:** _____

If currently enrolled, please complete the following:

Current Degree Program Attending: _____

If NOT currently enrolled, please complete the following:

Date Attended: _____ Degree(s) Awarded and Year(s) Awarded: _____

I submit _____ and _____ (Driver's License, Passport or Permanent Resident Card, Marriage License, Court Order, Social Security Card, etc.) to verify my name change.

STATEMENT BY STUDENT:

I affirm that the request for a change of name on the Pillar College Student Records Database has no fraudulent or criminal purpose.

Signature: _____ **Date:** _____

For office use only:

Registrar Officer Signature

Date Received

Date Sent