

Date: _____

Change of Name Form

I was formerly known as _____

I am now known as _____

Signature _____

Student ID or (if ID unknown) SS# _____

Subscribed and sworn before me this _____ day of _____, 20_____.

Signature of Notary Public

Notary Stamp

Notary Address _____

City: _____ State: _____ Zip: _____

Return to Student Administrative Services

If student is active, notify:

- Advisor
- Dean's Office
- Residence Life
- Instructors
- Public Safety
- Computer Update
- Manhattan Update (Rich Pont)
- File Folder Update
- Human Resources

If alumnus,

- Alumni
- Computer Change
- File Folder Update

RETURN TO ENROLLMENT SERVICES
FAX: 413-796-2081