



## NAME CHANGE REQUEST

Please change my name as follows:

FROM: \_\_\_\_\_  
*First Name*                      *Middle Name*                      *Last Name*                      *Suffix*

TO: \_\_\_\_\_  
*First Name*                      *Middle Name*                      *Last Name*                      *Suffix*

**Reason:**

Married on: \_\_\_\_\_ Divorced on: \_\_\_\_\_  
*Date*    *Date*

Other (state specific reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Contact Information:**

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Currently enrolled at SCU?  Yes  No  If "No", date last attended: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY**

Received and Processed by: \_\_\_\_\_ Date: \_\_\_\_\_