

NAME CHANGE FORM

Note: Employees must change this information at Human Resources

- Requires at least TWO VALID and ORIGINAL forms of Identification (see choices below)
• Both forms of the required identification must show the NEW name
• At least ONE form of required identification must be a photo ID

Current Name on Record: Please print the name that currently appears on official Chicago State University records

Last Name First Name MI or Middle Name

I hereby certify that I wish to have my name changed to the name provided below:

New Legal Name: Please print the name that you would like to appear on Chicago State University records

Last Name First Name MI or Middle Name

REASON FOR CHANGE (check one only):

- [] Marriage: please provide legal documentation such as a marriage license
[] Resumption of Maiden Name: please provide legal documentation such as divorce decree
[] Legal Name Change: please provide legal name change documentation
[] Data Entry Error: please provide a copy of photo identification with name spelled correctly

Student's UID: _____

Student's Signature: _____

*Signature required - request will not be processed if omitted.

Submit to: Registrar's Office - Cook Administration Building Room 128
Chicago State University
9501 South King Drive
Chicago, IL 60628

OFFICE USE ONLY: Stamp date received

TWO ID's REQUIRED: at least one photo ID/ copy the submitted ID's for files

ID Provided:

- [] Divorce/Marriage Certificate [] Driver's License [] Court Action [] Passport (Non-US Citizens)

Staff Initial

Date Received