CHICAGO STATE UNIVERSITY

Office of the Registrar | Cook Administration 128 | Phone: 773.995.2517 | Fax 773.995.3618 | Email: csu-registrar@csu.edu

NAME CHANGE FORM

CLEAR 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

PRINT