NAME CHANGE REQUEST FORM

Requests for a change of name to be made to your Stetson University student record are received and processed by the Registrar. Supportive documentation **MUST** accompany the request.

ID#: ____________________________

PLEASE CHECK ONE:  
○ CURRENT STUDENT  
○ FORMER STUDENT - Date Graduated: ____________________________

FORMER NAME:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

PLEASE **CHANGE** MY NAME ON MY STETSON UNIVERSITY RECORD TO:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

REASON FOR NAME CHANGE (CHECK ONE):

○ Marriage – attach copy of marriage certificate.  
○ Divorce – attach copy of divorce decree.  
○ Legal name change – attach copy of court order.

Note: **FOR CURRENT STUDENTS ONLY**, you will need to show us your social security card indicating your name change.

SIGNATURE: ____________________________ DATE: __________________

(For Registrar’s Office Use Only)

Received and Reviewed New SS Card: __________ Processed on: __________ By: _______

Stetson University – Registrar’s Office  
421 N. Woodland Blvd. • Unit 8298 • Deland, FL 32713 • (386) 822-7140 • Fax: (386) 822-7146  
E-mail: registrar@stetson.edu • Internet: http://www.stetson.edu/registrar