

STETSON UNIVERSITY

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:

Last	First	Middle
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PLEASE **CHANGE** MY NAME ON MY STETSON UNIVERSITY RECORD TO:

Last	First	Middle
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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>