CONNORS
— STATE COLLEGE —

Change of Name Request

Date: _____ Connors ID Number: _____

Name currently registered under:

_____
Last *First* *Middle*

Please print *legibly* your name as you wish for it to appear on your official record:

_____
Last *First* *Middle*

Please indicate the most appropriate reason for the requested name change below. To verify your name change, we require documentation which shows your name as you wish it to appear on your official record. Attach a readable photocopy of the required documentation (see below the list of required documentation) and submit it to either campus' Office of the Registrar or from your Connors State e-mail to cscregistrar@connorsstate.edu.

Reason for Change:	**Documentation Required**
◯ Marriage	Marriage certificate with new name
◯ Divorce	Divorce decree with new name
◯ Legal Name Change	Court order with new name
◯ Clerical Error	Driver's license or other government issued I.D.

Are you registered at Connors State? ◯ Yes ◯ No If no, when was your last term? _____

Current Address:

_____
Street Address

_____
City *State* *Zip Code*

_____
Signature of Student *Date*

Office use only:

_____
Signature of Receiving Staff *Date*

_____
Signature of Processing Staff *Date*