

# Change of Name

Purdue University Fort Wayne  
Office of the Registrar



**Personal Information: (Student ID or SSN is required for processing)**

Student ID Number: \_\_\_\_\_ and/or SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(mm/dd/yyyy)

Current Name: \_\_\_\_\_  
Last First Middle

New Name: \_\_\_\_\_  
Last First Middle

Reason for change:  Marriage  Correction  Currently Enrolled:  Yes  
 Adoption  Divorce  No  
 Common Law  Court Order

PhoneNumber: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

(Phone number or email address at which you may be reached for verification of submitted information)

**REQUIRED: Legal documentation is required to change your name in official university records. You must submit a scan or photo of one of the following official documents with the NEW NAME: driver's license or state issued photo ID, Social Security card, Permanent Resident card (Green card), passport, divorce decree, court order.**

As of this date, my official university record should be changed to the name shown above. I certify that this change is not intended to create confusion or a fraudulent situation. **Emailed or Faxed forms will not be processed.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

**Note:** To insure that your records are complete, please update your permanent address:

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

<b>Office Use Only</b>
Date Completed _____ by _____