

CHANGE OF NAME

Please print clearly:

NEW FULL NAME: _____

FORMER NAME: _____

ADDRESS: _____

PHONE NO.: Area Code _____ Phone No. _____

EMAIL ADDRESS (Optional): _____

SOCIAL SECURITY NO.: _____ **DATE OF BIRTH:** _____

Current Student _____ **Former Student** _____ **Year Last Attended:** _____

Federal Law requires that a copy of a legal name change document be submitted with this form as authorization for this office to make such change (i.e., marriage license, etc.)

Type of Legal Documentation Provided: _____

I understand this information will be part of my permanent record at William Jewell College.

Signature: _____

Date: _____