

CHANGE OF NAME for WJC Permanent Record

Please PRINT clearly:

NEW FULL NAME: _____

FORMER NAME: _____

ADDRESS: _____

PHONE: (____) _____ **SSN:** _____ **DOB:** _____

EMAIL ADDRESS (Optional): _____

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

Federal Law requires that a copy of a **government-issued photo ID** showing your new name be submitted with this form as documentation for the permanent records of the College to reflect this name change. This includes change of legal name due to marriage, divorce, adoption, or any other reason.

ID Provided: **Driver's License (State: _____)** **Other (Specify: _____)**

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

Signature: _____ **Date:** _____

For Registrar's Office Use Only:

Copy of Photo ID: _____ Name Changed in System: _____ Processed by: _____ Date: _____