



NAME CHANGE REQUEST

Instructions: This form is used to change your name on **student records**. Once this form is completed, submit it with **required** documents to the Office of Admissions/Registrar. If you are receiving financial aid, a copy of this request will be forwarded to the Financial Aid office.

Reason for Name Change: ___ Marriage ___ Divorce ___ Other legal ___ Correction

You must provide a copy of **each** of the following documents with this request.

- Driver's License
- Social Security Card, Marriage License, **or** Court Order

Do you receive Financial Aid? YES or NO

Student ID Number

___ ___ ___ **00** ___ ___ ___

Social Security Number

___ - ___ - _____

NEW NAME

First Name																									
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Middle Name																									
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Last Name																									
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Old Name

_____ FIRST _____ MIDDLE _____ LAST _____

Telephone number: _____ **Email Address:** _____

Address: _____

Signature (REQUIRED)

_____ **Date:** _____

For Office Routing:

Computer Services _____

ASUN Office of Admissions/Registrar * 7648 Victory Blvd * Newport, AR 72112
 t: (870) 512-7725 * f: (870) 512-7825 * www.asun.edu