

## NAME CHANGE REQUEST

7648 Victory Blvd / Newport, AR 72112

<b>Instructions:</b> This form is used to change your name on <b>student records</b> . Once this form is completed, submit it with <u>required</u> documents to the Office of the Registrar. If you are receiving financial aid, a copy of this request will be forwarded to the Financial Aid office.																							
Reason for Name Change:	Marria	age		Divorce							Other legal				Correction								
	<ul> <li>You must provide a copy of the documents listed below.</li> <li>Driver's License that displays your new name and</li> <li>Social Security Card that displays your new name and</li> <li>Either a Marriage License or a Court Order that displays your new name</li> </ul>																						
Do you receive Financial Aid?	YES	or	N	0																			
Student ID Number 00																							
Social Security Number																							
NEW NAME																							
First Name																							
Middle Name																							
Last Name																							
Old Name																							
FIRST	FIRST					MIDDLE									LAST								
Birthdate:				-	Em	ail A	ddr	ess:															
Address:																				_			
Signature (REQUIRED)																							
	Date:											-											
For Office Routing:  Computer Services Financial Aid																							