

Clark Hall 1090 South Drive Indiana, Pennsylvania 1570t Phone: (724) 35\( 2217 \) Fax: (724) 35\( 4858 \)

## NAME CHANGE / CORRECTION

| Last Name   | First                  |                     |            | MI         | Date of Bir            | th://_       |       |
|---|------------------------|---------------------|------------|------------|------------------------|--------------|-------|
| Social Security #   | <u>-</u>               | _ OR                | Banne      | rID: @     |                        |              |       |
| Previous Name   |                        |                     |            |            |                        |              |       |
| It is required that you providlegal proof of your name change by providing a copy of these documents: |                        |                     |            |            |                        |              |       |
| Marriage Certificate  | eCourt Order           | Passpo              | ort/Visa   | Birth Ce   | ertificate             | 'ULYH        | J¶V / |
| Would   | I you like to bave you | r <b>u</b> iversity | email nar  | me change  | dy <b>to</b> ur new na | me?          |       |
|   |                        | Yes                 | 1          | No         |                        |              |       |
|   | *** Your signa         | ature is red        | quired for | processing | . ***                  |              |       |
| Student Signature   |                        |                     |            |            | Date _                 |              | _     |
| For Office Use Only:  |                        |                     |            |            |                        |              |       |
|   |                        | Date Pro            | cessed:    |            |                        | Processed by | r:    |