

OFFICE OF THE University Registrar

Name Change Form

Please print corrected name below including s								paces and upper / lower case letters.												Accent marks? Yes					No				
Last Name:																													
First Name:																													
Middle Name:																													
Prior Last Name:																													
Prior First Name:																													
Prior Middle Name:																													
Reason for chang Daytime phone n																									_				
Please attach a c you have questio																						ed to	doc	umer	nt a r	name) cha	nge.	. If
Birth Certificate		Cou	rt Or	der			Di	vord	e De	ecree	•		Ма	arriag	ge Li	cens	e		Oth	her:									
Signature:								Date: ID:										School:											
Return to: Office	of the	Unive	ersity	Reg	istra	r, Va	nder	bilt	Univ	ersit	y, P	MB 4	0770	01, 11	0 21	st Av	ve S S	Suite	e 110,	, Nas	shvil	le TN	I 372	240-7	701				
Office use: Approved by / date:							Entered by / date:											Proofed by / date:											