OFFICE OF THE
University Registrar

Name Change Form

Please print corrected name below including spaces 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 change: _____

Daytime phone number: _____ **Email address:** _____

Please attach a copy of approved documentation below. Driver's licenses and social security cards cannot be used to document a name change. If you have questions regarding documentation please call (615) 322-7701 or email grad_registrar@vanderbilt.edu.

Birth Certificate ☐ **Court Order** ☐ **Divorce Decree** ☐ **Marriage License** ☐ **Other:** _____

Signature: _____ **Date:** _____ **ID:** _____ **School:** _____

Return to: Office of the University Registrar, Vanderbilt University, PMB 407701, 110 21st Ave S Suite 110, Nashville TN 37240-7701

Office use: Approved by / date: _____ Entered by / date: _____ Proofed by / date: _____