



VANDERBILT UNIVERSITY
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: [grid]

First Name: [grid]

Middle Name: [grid]

Prior Last Name: [grid]

Prior First Name: [grid]

Prior Middle Name: [grid]

Preferred Name for Class Roll: _____

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 [checkbox] Court Order [checkbox] Divorce Decree [checkbox] Marriage License [checkbox] 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: _____