

Name Change Form

Please print corrected name below including spaces and upper / lower case letters.														Acc	cent	marl	ks?	Yes		No									
Last Name:																													
First Name:																													
Middle Name:																													
Prior Last Name:																													
Prior First Name:																													
Prior Middle Name:																													
Reason for chang																									<u> </u>				
Please attach a c																										name	cha	nae.	If
you have questio	ns rega	arding	g doc	ume	ntati	on pl	lease	cal	I (61	5) 32	2-77 	01 o	ema	ail g	rad_i	regis	trar	@va	nderl	oilt.e	du.								
Birth Certificate		Cou	ırt Or	der			Di	vord	e De	ecree	•		Ма	rria	ge Li	cens	se 🗌		Ot	her:									
Signature:	ə:								Date: ID:									School:											
Return to: Office	of the	Unive	ersity	Reg	istra	r, Va	nder	bilt	Univ	ersit	y, Pl	MB 4	0770	1, 11	0 21	st Av	e S	Suit	e 110	, Nas	shvil	le TN	1 37	240-7	7 01				
Office use: Approved by / date:								Entered by / date:											Proofed by / date:										