

APPLICATION FOR CHANGE OF NAME

University ID (or last 4 digits of Social Security Number)

BIRTH DATE (Month and Day)

Academic Unit

Campus

Old Name

Last

First

Middle

New Name

Last

First

Middle

Reason for Name change
(e.g. Marriage, Divorce, Court Action)

Student's Signature

Date

Documentation viewed:

Initials _____ Date _____

For Use by Office of the Registrar

The Office of the Registrar maintains the official name and address for all students.

Complete this form and mail it to:

Indiana University Kokomo

Office of the Registrar, Kelley Center Room 208

2300 South Washington Street

PO Box 9003

Kokomo, IN 46904-9003

IMPORTANT:

Legal documentation, such as a copy of your driver's license or social security card with your new name, or a copy of your marriage certificate, divorce decree, or other official court document, must accompany this application. DO NOT SEND ORIGINAL DOCUMENTS!