NAME CHANGE NOTIFICATION

Seattle University School of Law

Office of the Registrar
901 12th Avenue - Sullivan Hall
Seattle, Washington 98122-1090
(206) 398-4150

~Please Print~

Student ID Number: _____ Phone Number: (_____)_____

FORMER NAME: _____
Last First Middle

NEW NAME: _____
Last First Middle

SU E-mail: _____ Birthdate: _____

>>Student Signature: _____ Date: _____

CHECK ONE: LEGAL DOCUMENTATIONS MUST BE PROVIDED

☐ Please correct the data entry error of my name. The correct spelling is found on one of the attached documents:

- ☐ Driver's License/State ID card **~OR~**
- ☐ Social Security Card **~OR~**
- ☐ Passport

☐ Please change my legal name(s). I have attached a copy of my legal documentation in the form of (check one):

- ☐ Passport **~OR~**
- ☐ Court Order/decree **~OR~**
- ☐ Marriage License **~OR~**
- ☐ Driver's License/State ID card **~AND~** a Social Security Card

☐ **I wish to change my e-mail address**.

PICTURE ID REQUIRED WHEN SUBMITTING THIS FORM

REGISTRAR'S OFFICE USE ONLY

Change made to file: _____
Change made to system: _____
Notified Financial Aid: _____
Notified Dean's Office: _____