



Change of Name

Student ID _____

If Student ID not known provide both: Last 4-digits SSN _____ Date of Birth _____

Please Note: A legible copy of at least one official document must be submitted with this signed form to the Office of the Registrar/Student Records for the name change to be processed. Document examples include: Driver's License, Social Security Card, Marriage License, Legal Change of Name certificate.

Current Student Name on Record

Last _____ First _____ Middle _____

New Student Name on Record

Last _____ First _____ Middle _____

Check here if you are currently employed by Athens State University

Signature (required) _____ Date _____

For Office of the Registrar - Student Records Use Only

Processed by _____ Date _____