



UNIVERSITY OF ST. THOMAS
OFFICE OF THE REGISTRAR

Name Change Request Form
(OFFICIAL PROOF OF NAME CHANGE IS REQUIRED)

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UST Student ID Number

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Last 4 of Social Security Number

Please Print Clearly

Print Former Name below:

Name _____
First Middle Last

Date of Birth (MM/DD/YYYY) _____

Phone # _____

OFFICIAL PROOF OF NAME CHANGE IS REQUIRED

* (Student must provide 1 of the following original documents)

- Social Security Card
- Valid Driver's License
- Marriage Certificate
- Passport

Registrar's Office Use Only

Document Received: Social Security Card
 Valid Driver's License
 Marriage Certificate
 Passport

Received by: _____

Print Name Change below:

Name _____
First Middle Last

Student Signature

Date

Registrar's Office Use Only:

Processed by: _____

Date: _____

**** FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE FOR PROCESSING ****