NAME CHANGE REQUEST FORM
Office of the Registrar

Date: __________________

Name: ___________________________  Student ID# ___________________________

Signature: ________________________  Phone Number: ________________________

A. Reason for Name Change:

☐ Marriage  ☐ Divorce  ☐ Court Order/ Naturalization  ☐ Misspelling  ☐ Other

I understand that the new name will appear on all official University of St. Thomas records and on my diploma. I also understand that I may not submit this form without legal documentation demonstrating that my name has been legally changed for the reasons indicated above.

B. Change Name From:

Last Name: __________________  First Name: __________________  Middle Name: __________

Change Name To:

Last Name: __________________  First Name: __________________  Middle Name: __________

C. Additional Information

☐ I am a current UST employee. Please submit this form to HR.

☐ I am a current UST student employee. Please submit this form to HR.

☐ I am a past UST employee. Please submit this form to HR.

☐ I am a past UST student employee. Please submit this form to HR.

D. After all sections have been completed, return the form:

In person: Herzstein Enrollment Services Center
By Mail: Enrollment Services 3800 Montrose Blvd. Houston, TX 77006
By Email: registrar@stthom.edu (from your stthom.edu account)

OFFICE USE ONLY

Documentation Received:

☐ Marriage License  ☐ Divorce Decree  ☐ Birth Certificate  ☐ Passport  ☐ Permanent Resident Card

☐ Court order  ☐ Driver’s License  ☐ Social Security Card  ☐ Naturalization Certificate

Published 03/23/2017