## ENROLLMENT MANAGEMENT OFFICE OF THE REGISTRAR



## Student Record Name Change Request

This form can be filled out with Adobe Acrobat and then printed for signatures. Upon completion, this form should be returned to Texas A&M University, Office of the Registrar, Records Section, P.O. Box 30018, College Station, TX 77842-3018; or Aggie One Stop, General Services Complex, Suite 102. Any questions may be directed to 979-845-1003 or <u>records@tamu.edu</u>.

## Must be accompanied by acceptable legal documentation as defined below.

Student ID Number	Date of Birth		
Major	Classification	Expected	or Actual Graduation Date
I am a Current Student Yes I understand that I will also need to update	No ate my Student ID with Student Busine	ss Services.	Acknowledged
I am a Current TAMU employee?	Yes No e to change, as well? Yes	No	
CHANGE NAME TO: (Please type EXAC	TLY as you wish it to appear)		
Last Name	First Name		Middle Name
FROM:			
Last Name	First Name		Middle Name
REASON FOR CHANGE:			
Marriage Divorce	e Court Order/Natura	lization	Misspelling
MAILING ADDRESS:			
Street or P.O. Box		Phone Number	
City, State, Zip Code			
	ne Name on Official Records. I understand a lso understand that I may not make addition ne has been substantially altered for one of	nal changes to l	my name without new legal
Signature		Date	
For Records Office Use Only			
Date Changed in: Compass	Data Search Files	Perma	nent Record/Film
Date Change Sent to: Dean	Department	Studer	nt
Documentation Received:          Marriage License       Divorce De		sport	Permanent Resident Card
Naturalization Certification	Court Order Driver's License (f	or minor changes	only, such as misspelling)