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)