REQUEST FOR NAME CHANGE

The Registrar’s Office requires a copy of original documentation. Please provide us with an original marriage license, driver’s license, social security card or court order. We will make the necessary copies when you submit this request.

PID: ________________________________

FROM:_____________________________________________________________________
(please print)  Last    First    Middle

TO:________________________________________________________________________
(please print)  Last    First    Middle

I certify that the information given on this form is complete and accurate.

_________________________________________ __________________
Student Signature      Date

FOR REGISTRAR’S OFFICE USE ONLY

Documentation:  _____ Marriage License  _____ Drivers License
                _____ Social Security Card  _____ Court Order
                _____ Other: __________________

Staff Initials:__________

Date:__________________

Revised 5-14-08

This form can be faxed, mailed, or brought in person to the Registrar’s Office.

Michigan State University College of Law
Registrar’s Office
309 Law College Building
East Lansing, MI  48824-1300
Phone Number: 517-432-6820
Fax Number: 517-432-6821