

Name Change Request

Mail to:

Registrar's Office, Student Services Building 0251, Mailcode 4701, Carbondale, IL 62901
Phone 618-453-2999; Fax 618-453-2915

If you have already completed an **APPLICATION FOR GRADUATION** you must check this box so that we know to check the name we have entered, that will appear on your diploma. (The name on the diploma must be your new name or a variation of your new and/or past names that we have on file for you; it cannot be a name that we do not have in our records).

Please change my name as follows:

From _____
First Name Middle Name Last Name

To: _____
First Name Middle Name Last Name

For the following reason(s): Married on: _____ Divorced on: _____
Court Action/Order: (State Specific Reason) _____

**OFFICIAL DOCUMENTATION AND VALID IDENTIFICATION
MUST BE PRESENTED WITH REQUEST**

Acceptable forms of ID include state issued picture ID **and** one of the following:

Marriage Certificate
Divorce Decree
Court Order
Birth Certificate
Passport (for international students)

I certify that the above statements are correct and complete and that there is no intent on my part to defraud. I further state that the name currently on record and the name requested are for one and the same person.

Dawg Tag: _____

Student
Signature: _____

For International Student Only:

Signature of International Programs/International Admissions