PACIFIC LUTHERAN UNIVERSITY

NAME CHANGE FORM

You must include one of the following:

- Copy of Social Security Card with new name**
- Marriage Certificate
- Court Document
- Return: Name Change Form and one of the three documents listed above to:
  Student Services Center (Hauge Administration, Building Room 102)

PRINT Former Name:

_____ _____ _____
Last First MI

PRINT New Name:

_____ _____ _____
Last First MI

PLU Identification #: __ __ __ __ - __ __ __ __ Date of Birth: _____/_____/_____

Last Date of Attendance: _____/_____/_____ Graduate Student: ❑ Yes ❑ No

Employee of PLU: ❑ Yes** ❑ No

Signature: _____ Today's Date: _____/_____/_____

Additional Comments:

_____

_____

_____

_____

_____

_____

** If a PLU employee, then a copy of social security card with the new name is mandatory.

OFFICE USE ONLY

❑ Registrar ❑ Transcript ❑ Cross-Reference Cards
❑ Student Accounts ❑ Financial Aid ❑ Banner Records
❑ Human Resources **(route only if a PLU employee)