

Date:

CWID Number:

Please change my name from (last, first, middle):

to (last, first, middle):

Network Login ID:

Your name and e-mail address will be changed within a few days of your request.

Please attach a copy of one or more of the following legal and supporting documents:

Marriage Certificate

Court Order approving the change of name

Others (specify):

Student's Signature: _____ Date:

Student's School: Student's Phone Nr:

Registrar's Office (or School of Law) Use Only

Processed by: _____ Date: _____
(Name of Staff)