

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)