



Office of the Registrar

Phone: (812) 237-2020

Fax: (812) 237-8039

Request for Change of Name / Gender

Note: You will be required to supply supporting documentation for any change to legal name. Accepted forms of documentation are: certified copy of marriage license, divorce decree or dissolution decree, certified copy of Certificate of Name Change, current passport, current driver's license, military ID or social security card.

Please upload this completed form at indstate.edu/secureupload. You may also return it to: Office of the Registrar, Parsons Hall, Room 009, Indiana State University, Terre Haute, IN 47809 or Fax it to: 812-237-8039.

Student Information

University ID # (XXX-XXX-XXX) Date of Birth (MM/DD/YYYY) Currently Enrolled: Yes No College of Last Enrollment

Street Address City State Zip Code Phone Number

Previous Name

Last Name First Name Middle Name

New Name

Last Name First Name Middle Name

Gender: Male Female

Reason for Change: Marriage Divorce Other: _____

Prefix: Dr. Mr. Mrs. Ms. Miss Mx. Other: _____

I certify the above is true and correct.

Student Signature Date

OFFICE USE ONLY

Processed By _____

Date _____