



## 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 print and return completed form to the Office of Registration and Records, Parsons Hall, Room 009, Indiana State University, Terre Haute, IN 47809 or email to ISU-ORR@mail.indstate.edu.

### 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 \_\_\_\_\_