Clark Hall 1090 South Drive Indiana, Pennsylvania 15705 Phone: (724) 357-2217 Fax: (724) 357-4858

NAME CHANGE / CORRECTION

Last Name		First			MI	Date of Bir	th://	
Social Securi	ty #:		OR	Banne	r ID: @			
<u>Previ</u>	ous Name:							
La	ast		First			Middle		
<u>New</u>	Name:							
La	ast		First			Middle _ Name		
						or Initial		
It is required that you provide legal proof of your name change by providing a copy of <u>one</u> of these documents:								
☐ Marria	age Certificate	☐ Court Order	☐ Passpo	rt/Visa	☐ Birth Ce	ertificate	☐ Driver's Lice	ense
	Would	you like to have you	r university	email nan	ne changed to	your new na	me?	
□ Yes □ No								
		*** Your sign	ature is req	uired for	processing.	***		
Student S	ignature	Date						
For Office Use	e Only:							
			Date Prod	cessed:		P ₁	rocessed by:	