



REQUEST FOR CHANGE OF NAME

Office of the Registrar
500 Wilcox Street
Joliet, IL 60435
Fax: 815-740-5084

Date: _____

Current Name on Record: _____ ID/Soc.# _____

I am officially requesting a change of my legal name as recorded in my student record:

NEW NAME

FORMER NAME

Student's Signature (former name)

You must supply two documents as proof of legal name change:

_____ Driver's License or State ID card

License Number _____

AND one of the following:

_____ Copy of Marriage Certificate

Dated: _____

_____ Court Document reflecting name change

Dated: _____

_____ Passport