

**SOUTHERN ILLINOIS UNIVERSITY  
EDWARDSVILLE**

**NAME CHANGE REQUEST FORM**

Submit completed form and any required documents to:

SIUE Service Center

Box 1080

Edwardsville IL 62026

Drop off: Rendleman Hall 1309

Fax: 618-650-2081

**Effective Date:** \_\_\_\_\_

**Student ID Number: 800** \_\_\_\_\_

**LEGAL NAME CHANGE** \*documentation required:

**FROM:** \_\_\_\_\_

Last Name

First Name

Middle Name/Initial

**TO:** \_\_\_\_\_

Last Name

First Name

Middle Name/Initial

**Previous Names Under Which You May Have Attended:**

1) \_\_\_\_\_

2) \_\_\_\_\_

**Student Birthdate:** \_\_\_\_\_

MM/DD/YYYY

**Signature:** \_\_\_\_\_

By signing this form, I certify that I am the student listed above.

**NOTE: If you are employed by the University, please contact the Office of Human Resources.**

**\*Please attach a copy of your proof of identity. Valid proof of identity may be met with one of the following documents:**

updated driver's license

notarized court document of legal name change

birth certificate

marriage license

signed SSN card

updated passport

**The Office of the Registrar will not accept documents that have expired and reserves the right to request additional documentation prior to completing a legal name change request.**

**ADDING AN ADDITIONAL NAME:**

Students who identify with a name other than their legal name can elect to add an additional name to their record. In lieu of the legal name, the additional name will appear on class lists, advising information, Blackboard, CougarNet, and your Cougar ID card. Legal names will appear on external use reports and documents including, but not limited to, paychecks, accounts payable checks, student billing, financial aid forms, tax forms, and any other documents required by law. ***Students may not designate an additional last name.***

**Legal Name:** \_\_\_\_\_

Last Name

First Name

Middle Name/Initial

**Requested Additional Name:** \_\_\_\_\_

First Name

Middle Name/Initial

**Student Birthdate:** \_\_\_\_\_

MM/DD/YYYY

**Signature:** \_\_\_\_\_

By signing this form, I certify that I understand the use of an additional name is not permissible for any purpose of misrepresentation and can be denied at the discretion of university administration if deemed inappropriate.

**EMERGENCY CONTACT INFORMATION:**

**Contact's Name:** \_\_\_\_\_

Last

First

M.I.

**Make this Primary:** *check one*      YES      NO

**Relationship to Student:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Replace the following emergency contact(s) on file:**

1) \_\_\_\_\_

2) \_\_\_\_\_