



NAME CHANGE FORM for CURRENT STUDENTS

GFU ID Number: _____ Date of Birth: _____

Previous Name(s): _____

Address: _____
Street City State Zip Code

Email: _____ Phone: _____ (Home Cell)

Month and year name change took effect: _____

Mark all boxes that apply:

- I have attached a valid copy of my Social Security Card, showing my new legal name (mandatory).
- I have applied for a George Fox University degree and wish to use my new name on my diploma (please write new name here, exactly as you wish it to appear on your diploma):

- I am an international student
 - The name on your George Fox University records must match your passport; please attach a copy of your passport.
- This name change is a result of a change in relationship (i.e. marriage or divorce) (please indicate name, date of birth, and type of relationship with the other person below so that we can update our mailing lists appropriately)
 - Please add this person to my record Please delete this person from my record

_____	_____
Full name of other person	Date of Birth
_____	_____
Relationship or former relationship (i.e. husband, wife)	Is this person a student/alum? (Y/N)

By my signature below, I hereby state that my change of name is not for fraudulent purposes or the avoidance of creditors.
[Please print your new full legal name clearly.]

First

Middle

Last

Signature of new name