



NAME CHANGE FORM for CURRENT STUDENTS

Please allow up to two weeks to process name changes

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 NOT result of a change in relationship (i.e. marriage or divorce)
This name change is a result of a change in relationship (i.e. marriage or divorce)
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