



LEGAL NAME CHANGE FORM

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 or a completed W-9S Form, 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
I have an accompanying change in relationship (i.e. marriage or divorce)
Please add this relationship to my record Please delete this relationship 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.]

Legal First Name Legal Middle Name Legal Last Name

Preferred First Name Preferred Middle Name Preferred Last Name

Signature of new name