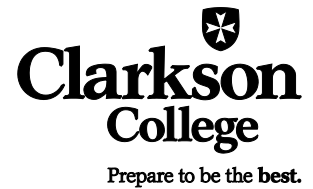


Name Change Request



Instructions: Complete form and return to the Registrar's office along with a copy of the official document confirming the name change. Please note that no change will be made without required documentation. It is also the student's responsibility to inform instructors of any name change. Also, if you are a student worker, please contact HR with your name change. Name changes will not be accepted during the graduating semester. They must be submitted by the first day of the graduating term.

STUDENT INFORMATION

PROGRAM OF STUDY _____	STUDENT ID NUMBER _____	
Previous name: _____		
LAST	FIRST	MI
New name: _____		
LAST	FIRST	MI

Required documentation Only one is necessary.

- | | |
|---------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Copy of marriage certificate | <input type="checkbox"/> Original naturalization certificate |
| <input type="checkbox"/> Copy of court document with new name | <input type="checkbox"/> Copy of legal document restoring maiden name |
| <input type="checkbox"/> Copy of social security card | <input type="checkbox"/> Copy of driver's license |

SIGNATURE _____	DATE _____
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IMPORTANT INFORMATION REGARDING E-MAIL & ONLINE CAMPUS

E-mail: Within five working days, the name in your e-mail address should be changed to reflect your new name. Your Student ID number will continue to be your login ID to access your e-mail. Your password will remain the same. It will not change to match your new name.

Online Campus: You will continue to use your Student ID number as your user name. If you requested a name change before the beginning of the term, your password will change to match your new name. The password is typically the first two letters of your first name, first two letters of your last name, two digit birth month and two digit birth day. If you requested a name change after the beginning of the term, then you will continue to use your old password until the next term.

CONTACT

Clarkson College Registrar's Office
101 South 42nd Street Omaha, NE 68131-2739
PH 402 552 3033 TF 800 647 5500 FX 402 552 6165
registrarstaff@clarksoncollege.edu

OFFICE USE ONLY

PC Name Change E-mail Files Input by _____ Date _____