



Office of the Registrar

Phone: (812) 237-2020

Fax: (812) 237-8039

Request for Legal Change of Name

Note: You will be required to supply supporting documentation for any change to legal name. Accepted forms of documentation are: certified copy of marriage license, divorce decree or dissolution decree, certified copy of Certificate of Name Change, current passport, current driver's license, military ID or social security card.

Please upload this completed form at indianastate.edu/secureupload. You may also return it to: Office of **the Registrar**, Parsons Hall, Room 009, Indiana State University, Terre Haute, IN 47809

Student Information

University ID # (XXX-XXX-XXX)

Date of Birth (MM/DD/YYYY)

Email Address

Street Address

City

State

Zip Code

Phone Number

Currently Enrolled: ☐ Yes ☐ No

Previous Name

Last Name

First Name

Middle Name

New Name

Last Name

First Name

Middle Name

Reason for Change: ☐ Marriage ☐ Divorce ☐ Other: _____

I certify the above is true and correct.

Student Signature

Date

OFFICE USE ONLY

Processed By _____

Date _____