



Office of the Registrar

Former Name: \_\_\_\_\_  
First Middle Last

# STUDENT NAME CHANGE APPLICATION **(PLEASE PRINT LEGIBLY)**

Present Name: \_\_\_\_\_  
First Middle Last

Rocket Number: R Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Have you applied to graduate? If yes, what name would you like to appear on your diploma?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form, along with a **copy of your Social Security Card**, to Rocket Solution Central (RH 1200) on Main Campus. Health Science Campus (HSC) students may submit this to the Office of the Registrar on the HSC (MLB 114). No other form of identification can be accepted. If you are faxing your application, please fax this form and a **copy of your Social Security Card** to the Office of the Registrar, 419.530.4828. Your name must match the name indicated on the Social Security Card.

FOR OFFICE USE ONLY:  
Social Security Number: \_\_\_\_\_