



REQUEST FOR NAME CHANGE

Please Print:

Student ID Number _____ Date of Birth ____/____/____

Change Name **From:** _____
Last First Middle

Change Name **To:** _____
Last First Middle

Permanent Address: _____
_____ Phone: (____) _____

Are you currently employed by LSSU? Yes No

Have you previously been employed by LSSU? Yes No

If yes, please indicate dates of employment _____

Signature: _____

Please provide one of the following forms of documentation verifying your new name:

- * Social Security Card showing current date
- * US Passport or US Passport Card
- * Drivers License
- * State ID
- * Photo ID issued by Federal, State or Local Govt., or US Military
- * Legal documentation such as a marriage license, divorce decree or other court documentation

Please mail, fax, scan and email, or deliver form and documentation to:

Registrar's Office
Lake Superior State University
650 W Easterday Avenue
Sault Ste Marie, MI 49783
Email: registrar@lssu.edu Fax: 906-635-6202
Phone: 906-635-2682

Office Use Only:		
Date Changed: _____ Changed By: _____		
____ Folder Updated	____ Business Op	Y N
____ Trans Cr Eval Updated	____ Fin Aid	Y N
____ H C Trans Updated	____ HR	Y N