



Change of Name Form

Present Name:

Last: _____ First: _____ Middle: _____

Social Security: _____ — _____ — _____ IU/Student ID number _____

Change to:

Last: _____ First: _____ Middle: _____

Reason for Change: _____Are you currently a student at Immaculata University? yes noDid you receive a degree from Immaculata University? yes no; If yes, when? _____
Only the Current Name will be changed.**Are you planning to Graduate in the current term?** yes no; **Have you submitted an Application for Graduation Online?** yes noAre you an Immaculata University employee? yes no

Phone number where you can be reached if there is a question: _____

I do hereby certify that the change (s) above are legitimate and true.

Signature_____
Date

Instructions:

- 1.) Complete the form above.
- 2.) Include **two** forms of identification showing your **new name** (one must be photo ID).
- 3.) Include **one** form of identification with your **previous name**.
- 4.) Submit to:

Immaculata University
Registrar's Office, 30 Villa Maria
1145 King Rd
Immaculata, PA 19345-0634
Phone: (610) 647-4400, ext 3008 Fax: 610 647-7073

Acceptable identification forms are a current driver's license, a marriage certificate, an alien registration card, a government-issued photo ID, a social security card, a passport, a legal court document or notarized copy. Please note: a birth certificate is **not** a valid form of identification. Original documentation or notarized copies can be mailed, faxed or submitted in person to the Registrar's Office.

For Office Use Only CLL CG CUS Alumni Faculty Staff Other

Processed by: _____ Date: _____