UNIVERSITY OF WEST GEORGIA
NAME CHANGE APPLICATION

Supporting documentation must accompany this request
Documentation can include a copy of marriage license,
social security card, divorce decree, or court order.

ID or Social Security Number_____Date_____

Current Legal Name_____
On Records Last First Middle

New Legal Name_____
To Appear On Records Last First Middle

Permanent Address (Required of all Students; cannot be Campus P. O. Box)

_____

_____

City_____State_____Zip_____

Phone Number(_____)_____
Area Code

All student name changes are processed by the Registrar's Office, and all documentation is maintained by the Registrar's Office.

Return this application and supporting documentation to: Registrar's Office, University of West Georgia, Carrollton, GA 30118.

If you are an international student, you must first contact Sylvia Shortt, obtain her signature below, and then submit this application to the Registrar's Office.

Approved by Sylvia Shortt_____Date_____

If the above student is a graduate student, the Graduate School must receive a copy of the name change.

Copy sent to / from (mark appropriately) Graduate School_____
Date