



Office of the Registrar
University of West Georgia, 1601 Maple Street
Carrollton, Georgia 30118-4600
Fax: 678-839-6439 / 678-839-5416

Name Change Application

Please complete fully, sign and return to the Enrollment Services Center.

\*Valid supporting documentation must accompany this request\*

Driver's License (issued on or after 01/01/2008), Current U.S. Passport
Recent Marriage Certificate (issued within one calendar year), Social Security Card, Divorce Decree, or Court Order

Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Name on File: \_\_\_\_\_
Last First Middle

New Legal Name: \_\_\_\_\_
Last First Middle

Address: \_\_\_\_\_
Street P.O Box Apt

City State Zip Phone

Is this Name Change form needed to update your Diploma Name? (Please circle one) YES or NO

I certify that all statements are true and complete.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are an international student, you must first contact the office of International Services and Programs, obtain an approval signature below, and submit this application to the Enrollment Services Center.

Approved by International Services:

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