

Fitchburg State University
Office of the Registrar
Phone: 978-665-4196
Email: registrar@fitchburgstate.edu

Change of Name Request Form

Instructions:

Please print or type all information. Present proof of name change: birth certificate, court order, driver's license, marriage certificate, passport (with matching I-20 or IAP-66 for international students. International students with F or J visas **must** present passport and matching I-20 or IAP-66.)

Student Information:

Student Name (FORMER)

FSU ID @ _____

Last Name: _____

First Name: _____

Middle Name: _____

Student Name (NEW)

Last Name: _____

First Name: _____

Middle Name: _____

Reason for change? _____

Are you a current student?	Yes	No
Are you an international student?	Yes	No

Student Signature _____ Date _____

Proof presented for change:

- birth certificate
- court order
- driver's license
- marriage certificate
- passport (with matching I-20 or IAP for international students)

<p>Mail To: Fitchburg State University Registrar's Office 160 Pearl St Fitchburg, MA 01420</p> <p>or</p> <p>Fax To: (978) 665-4151</p>

Registrar's Office Use Only:

Date Received: _____ Date Processed: _____ Processed by: _____