



PETITION FOR NAME CHANGE ON UNIVERSITY RECORDS

Student ID # _____ Social Security # _____ Date of Birth _____
(Last 4 digits) (MM/DD/YY)

Current Name: _____
(First Name) (Middle Initial) (Last Name)

New Name: _____
(First Name) (Middle Initial) (Last Name)

Please check one option below:

Legal Name Change:

Legal names are required on the following records:

- Official Academic Transcripts
- Diploma
- Enrollment Verifications
- Student Accounts Statements, Billing Records and Communication
- Financial Aid information and forms
- Study Abroad (i.e. travel and signature documents)
- Health Services information and forms
- Paychecks and Paystubs
- Tax forms including the W2, W4, and I9.

All requests for a Legal Name change MUST be accompanied by one of the following forms of legal documentation. Legal Name will not be changed until documentation is submitted.

- Marriage license
- Court order (must show change to new name)
- Divorce decree
- Current passport (for non-US citizens)
- Proof of identity certified by US Embassy abroad or appropriate foreign embassy in the US (for non-US citizens)

Preferred Name Change:

Students may determine and designate a preferred name that they want to be known by in university systems. **The Preferred name applies only to the first name.**

Preferred Name will be used on:

- Student ID Card
- Class Rosters
- Dean's List
- Email Address
- Faculty Advisee Lists
- Library Records
- Canvas
- Residence Life Contracts and Rosters
- Athletic Rosters

Requests for Preferred Name changes do not require any additional documentation.

The University reserves the right to deny or remove a preferred name if it contains inappropriate or offensive language, or is being used for misrepresentation.

Student Signature

Date

La Roche University prohibits discrimination against any person on the basis of age, ancestry, citizenship status, color, creed, ethnicity, gender identity and expression, genetic information, marital status, mental or physical disability, national origin, race, religious affiliation, sex, sexual orientation, or veteran status in its activities, admissions, educational programs, and employment.

Return completed form to the Registrar's Office via mail, in-person to ZCC204, or registrar@laroche.edu