

## Change of Name:\*

Please complete this form and attach a copy of a government issued photo ID with the new name. Submit this request to the Office of the Registrar. (Your email and badge will not change).

Full Legal Name: \_\_\_\_\_

New Name: \_\_\_\_\_ DOB: (mm/dd/year): \_\_\_\_\_

Have you completed the Intent to Graduate form? If yes, which name do you prefer on your diploma? \_\_\_\_\_ Which name was used for the Virginia Board of Nursing? \_\_\_\_\_ Purpose of name change: \_\_\_\_\_

NOTE: Please complete the below information and submit form to Office of the Registrar.

New Address: \_\_\_\_\_

P.O. Box or Street

City

State

Zip Code

New Primary Phone: ( ) - \_\_\_\_\_ - \_\_\_\_\_  cell  landline

Secondary Phone: ( ) - \_\_\_\_\_ - \_\_\_\_\_  cell  landline

Work Phone: ( ) - \_\_\_\_\_ - \_\_\_\_\_ (ext. \_\_\_\_\_)

Primary Email: \_\_\_\_\_ @ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: (mm/dd/year): \_\_\_\_\_

\*You need to complete a name change with the social security administration first (especially if you are receiving financial aid). (<https://faq.ssa.gov/en-US/Topic/article/KA-01981>)

May 2023