



Registrar's Office
Change of Name or Address Request

The student must complete this form to change the legal name maintained on the student's official SUSLA record and submit it with supporting documentation to the Registrar's Office. This form should be only to change your name on the University's official records, not to correct or adjust the spelling or format of your name.

If you have submitted an Application for Graduation, contact the Degree Auditor in the Registrar's Office to ensure that your updated name appears on the diploma and Commencement program.

☐ **Change of Name** (check the box if this is a request to change your name on file):

Current Name: _____ **SUSLA ID#** 9000
Last First Middle

Last 4-digits of SSN: _____ **DOB** _____ **Phone:** () _____

Address: _____
Street Address City ST Zip

Classification: ☐ Freshman **SUSLA Skymail (Email):** _____ @susla.skymail.edu
Special ☐ Sophomore **Personal Email:** _____

Anticipated Graduation Date: _____

New Legal Name: _____
Last First Middle

Supporting Documentation: ☐ Driver's License ☐ Social Security Card ☐ Military ID
(a minimum of 2 is required) ☐ Government ID ☐ Divorce Decree ☐ Passport
☐ Birth Certificate ☐ Court Issued Document ☐ Marriage License

NOTE: Students who receive any form of federal or state student aid are required to change their name with the Social Security Administration before changing their name with SUSLA.

☐ **Change of Address** (check the box if this is a request to change your contact information on file):

Please check the type of contact information that you want to change:

☐ Home Address ☐ Mailing Address ☐ Address to send Diploma ☐ Work Phone Number
☐ F-1 VISA Student Address ☐ Home Phone Number ☐ Mobile Phone Number

Current Address: _____
Street Address City ST Zip

New Address: _____
Street Address City ST Zip

Current Phone Number: _____ **New Phone Number:** _____

Effective Date: Year _____ Semester ☐ Fall ☐ Spring ☐ Summer

Student's Signature: _____ **Date:** _____