



OFFICE OF THE REGISTRAR

FLORIDA ATLANTIC UNIVERSITY

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REQUEST FOR CHANGE OF NAME

Student ID#: _____

FORMER NAME	NEW NAME
_____	_____
Last Name	Last Name
_____	_____
First Name	First Name
_____	_____
Middle or Maiden Name	Middle or Maiden Name

Marriage Certificate Court Order Birth Certificate Driver's License

Signature _____

Date _____

ADM 03052

Recommendation: Please inform your professors of your new name so they may report your grade promptly.