



OFFICE OF THE REGISTRAR

777 Glades Road
P.O. Box 3091
Boca Raton, Florida 33431-0991
Telephone: 561.297.3050
Fax: 561.297.2756
e-mail: registrar@fau.edu

REQUEST FOR CHANGE OF NAME

Student I.D. (Z #): _____

Date of Birth: _____

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: _____