FLORIDA ATLANTIC UNIVERSITY

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Boca Raton, Florida 33431-0991

Telephone: (561) 297-3050
Fax: (561) 297-2756
email: registrar@fau.edu

OFFICE OF THE REGISTRAR

REQUEST FOR CHANGE OF NAME

Student ID#: Z_____ D.O.B. _____

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.

To submit this form via email click on the submit button below, otherwise print this document and fax it to (561) 297-2756

SUBMIT