



**CHANGE OF NAME FORM**

Records Office  
300 North Beaty Street, Athens, AL 35611  
(256) 233-8163 (FAX)  
(256) 233-8131 (PHONE)

Records Office Use Only	
Date_____	Clerk_____

Social Security or Student ID#\_\_\_\_\_

**You must submit a copy of one of the following documents for a name change to be processed.  
(1) Driver's License, (2) Legal Document, (3) Social Security Card, or (4) Marriage License**

Current Student's Name \_\_\_\_\_  
On Record (Last) (First) (Middle)

New Student's Name \_\_\_\_\_  
On Records (Last) (First) (Middle)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date