

# erikson

## CHANGE OF NAME FORM

Date: \_\_\_\_\_ Erikson Student ID#: \_\_\_\_\_

Previous Name: \_\_\_\_\_  
Last Name First Name Middle Initial

New Name: \_\_\_\_\_  
Last Name First Name Middle Initial

**THIS CHANGE OF NAME IS BEING SUBMITTED BASED ON THE FOLLOWING:**

- Legal name change
- Update/change in gender
- Update/change in marital status
- Correction of existing name

This form must be accompanied by a copy of one document from List A and one document from List B:

- List A (submit copy of 1 document)**
- Driver's license
  - State ID card
  - Social security card with signature
  - Valid/unexpired passport

- List B (submit copy of 1 document)**
- Marriage license
  - Divorce decree
  - Court order

I authorize Erikson Institute to update my personal information per this request. I verify that all documentation and identification presented is current and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Registration & Student Records Office Only

Date Received: \_\_\_\_\_ Processed by: \_\_\_\_\_