

## NAME CHANGE REQUEST

Please complete this form to make a name change while enrolled or upon graduation. Name changes must match your Social Security name **and will require presentation of your Social Security card for verification.** Your Social Security number must match the number in our records or additional information will be required.

Linfield Student ID: \_\_\_\_\_

### CURRENT NAME ON RECORD

First

Middle

Last

### NEW LEGAL NAME

First

Middle

Last

### PERMANENT ADDRESS

Street Address

City

State

ZIP Code

Cell Phone

Other Phone

Is the address above also your family's address? ☐ Yes ☐ No *If yes, fill out line below:*

Name:

Relationship:

### ALTERNATIVE ADDRESS

Street Address

City

State

ZIP Code

Cell Phone

Other Phone

Is the address above also your family's address? ☐ Yes ☐ No *If yes, fill out the line below:*

Name:

Relationship:

SIGNATURE (REQUIRED)

Date

**Office Use Only:** Verified SS card with NEW name and Picture ID: \_\_\_\_\_

Submit a Service Catalog in the ITS Support Portal: \_\_\_\_\_