Carroll University – Name Change Request

- 1. Complete the form in its entirety to request a name change.
- 2. Include legal documentation of the new name: a copy of driver's license or copy of other documentation such as a birth certificate, marriage license, passport or court order of legal name change.
- 3. Return this form to the Office of the Registrar, Voorhees 109; or send it to the following contact information: Carroll University

Attn: Registrar's Office

100 N East Ave

Waukesha, WI 53186 Fax: 262-650-4851

Change Name of (Please che	eck one of the	e following):	Student 🗆 F	Parent 🗆 Guardian	□ Other		
Student ID or Social Securit	y Number:			Cui	rrently Enrolled:	□ Yes	□No
Previous Name (as indicated or	n academic/alur	nni records):					
Las					Middle		Suffix
New Name:	First		Middle	Suffix	Title (ex: Mr, M	s, Dr): _	
Reason for Name Change (optional):	□ Married	□ Divorce	□Correction	□ Court Order	□ O1	ther
Signature				Date			
For Office Use Only Task			Date	Completed	Completed By		
Change name in CX							
Notify professors of name of	change (if d	uring the semeste	r)				
Report name change to Office of Financial Aid							
Report name change to Bus	siness Office	(Chris J)					