



NAME CHANGE FORM

921 South 8th Ave, Stop 8196
Pocatello, ID 83209-8196
Telephone (208) 282-2661
Fax (208) 282-4231
Email: reginfo@isu.edu

Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MM/DD/YYYY

Former Name: \_\_\_\_\_
Last Name First Name Middle Name or Initial

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

Preferred First Name (optional): \_\_\_\_\_

To change your name on official records, please provide one of the following with your new name clearly visible:

- Social Security\* ○ Passport

\*If transmitted electronically, please mask your Social Security Number, leaving your name and the final digit of your number visible. CARD MUST BE SIGNED.

PLEASE READ AND SIGN BELOW

I certify that no legal action has been undertaken by me in this state or in any other state in which I unsuccessfully attempted to change my name, and that this change of name is not requested for the purpose of defrauding another or to avoid creditors.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Table with 3 columns: Record of Changes, Date, Initials. Rows include Verified Documents and Banner Update.