



NAME CHANGE

Name _____

Date _____

Address _____

HSU-ID # _____

City _____ State _____ Zip _____

Local Phone # _____

New Name: _____

Last

First

Middle

Previous Name: _____

Last

First

Middle

Signature: _____

Please Note: Legal documentation is required for name changes (court document, driver's license, or social security card showing your new name).