MICHIGAN STATE UNIVERSITY
COLLEGE OF LAW

REQUEST FOR NAME CHANGE

The Registrar's Office requires a copy of original documentation. Please provide us with an original marriage license, driver's license, social security card or court order. We will make the necessary copies when you submit this request. Or if you are sending the request via fax or mail, please provide a copy. Thank you.

PID: _____

FROM:_____
(please print) Last First Middle

TO:_____
(please print) Last First Middle

I certify that the information given on this form is complete and accurate.

_____ _____
Student Signature Date

FOR REGISTRAR'S OFFICE USE ONLY

Documentation:
_____ Marriage License
_____ Drivers License
_____ Social Security Card
_____ Court Order
_____ Other: _____

Staff Initials:_____

Date:_____

Revised 5-14-08 Word/I drive/RO Forms/Name Change Form

This form can be faxed, mailed, or brought in person to the Registrar's Office.

Michigan State University College of Law
Registrar's Office
648 N. Shaw Ln., Room 309
East Lansing, MI 48824-1300
Phone Number: 517-432-6820
Fax Number: 517-432-6821