

Change of Name Form

Previous Name: _____
Last First Middle

L&C ID Number: _____ Social Security Number: _____

New Name: _____
Last First Middle

This name change is due to:

- Correction
 Other (please explain) _____

Departments I have taken classes in:

- | | |
|--|--|
| <input type="checkbox"/> CORE program | <input type="checkbox"/> School Counseling |
| <input type="checkbox"/> Counseling Psychology | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Education Administration | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Northwest Writing Institute | <input type="checkbox"/> Teacher Education |

I am a CURRENT STUDENT ALUMNUS

SIGNATURE: _____ Date: _____

IMPORTANT: In order for us to process your name change form, you must attach as proof photocopies of the following two forms of identification:

- 1) Social security card
- 2) Valid driver's license or valid passport

Both forms of identification must reflect your new name.

Turn this form and required copies in to the Office of the Graduate Registrar. The Graduate Registrar's Office will forward completed and processed forms to the Lewis & Clark College's College Relations Office, MS 88, and to the Student Financial Services Office, MS 56.