



REQUEST FOR NAME CHANGE

Please supply the following:

US Citizens: Copy of signed *New Social Security Card

**Social Security Card must be issued by the Social Security Administration, containing a date in the lower right corner.*

Non US Citizens: Copy of Marriage/Divorce Certificate

Other official documentation may be supplied to be reviewed by Registrar.

Are you currently employed by LSSU? Yes No

Have you previously been employed by LSSU? Yes No

If yes, please indicate dates of employment _____

Have you ever applied for/received financial aid and/or loans from LSSU? Yes No

Please Print:

Student ID Number _____

Change Name **From:** _____
Last First Middle

Change Name **To:** _____
Last First Middle

Permanent Address: _____

_____ Phone: (_____) _____

Signature: _____

Please mail, fax or deliver form and documentation to:

Registrar's Office
Lake Superior State University
650 W Easterday Avenue
Sault Ste Marie, MI 49783
Phone: 906-635-2682 Fax: 906-635-6669

Office Use Only:	
Date Changed: _____	Changed By: _____
____ Folder Updated	____ Business Op Y N
____ Trans Cr Eval Updated	____ Fin Aid Y N
____ H C Trans Updated	____ HR Y N
	____ Vehicle Reg Y N