Ball State University
Office of Registration
and Academic Progress
B-43 Lucina Hall

Signature

NAME CHANGE REQUEST FORM

** A copy of the driver's license, marriage certificate, or court papers, with the changed name must accompany this form

Muncie, IN 47306 Phone: 765-285-1722 Fax: 765-285-8765 Date / / Student ID number * BSID number *Ball State issued number. Implemented May 2004. Please provide if you remember Date of Birth Phone No.(___ ___-_Last term at BSU_____ **Change FROM: Former Name** (PLEASE PRINT) Middle Last First Change TO: Current Name (PLEASE PRINT)* First Middle Last All Former names _____ ☐ By Marriage ☐ By Court ☐ Birth Certificate I authorize the name change on my Academic Record as specified above.