NAME CHANGE REQUEST FORM

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

Ball State University
Office of Registrar
and Enrollment Services
B-43 Lucina Hall
Muncie, IN 47306
Phone: 765-285-1722 Fax: 765-285-8765

Student ID number

*BSID number
*Ball State issued

Please provide if you remember

Date of Birth
Phone No. (______) - ______ - ______
Last term at BSU ________

*****************************Change the following information***************************

FROM: Former Name (PLEASE PRINT)

Change TO: Current Name (PLEASE PRINT)*

All Former names _____________________________ □ By Marriage □ By Court □ Birth Certificate

I authorize the name change on my Academic Record as specified above.

Signature__________________________________________