

Ball State University
Office of Registrar
and Enrollment Services
B-43 Lucina Hall
Muncie, IN 47306

NAME CHANGE REQUEST FORM

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

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 the following information******* **Change**
FROM: Former Name (PLEASE PRINT)

Last First Middle
Change TO: Current Name (PLEASE PRINT)*

Last First Middle
All Former names _____ By Marriage By Court Birth Certificate

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

Signature _____