



NAME CHANGE FORM

Instructions: Complete this form and submit to the One Stop Shop along with the required documentation listed below. Please note that a notary public must witness your signature.

*******REQUIRED DOCUMENTS*******

EMPLOYEES MUST INCLUDE: Copy of SSN card, W-4, I-9, I-9 affirmation and a picture ID.

STUDENTS MUST INCLUDE: Copy of marriage license, divorce decree or other court issued document along with a copy of current drivers license.

ASC EMPLOYEE: ___Yes ___No ASC STUDENT: ___Presently ___Previously
(Including ASC work-study employees)

ATTENDED PRIOR TO FALL, 1991? ___Yes ___No

SOCIAL SECURITY or STUDENT ID: _____ BIRTHDATE: ___/___/___

NEW NAME: _____
(FIRST) (MIDDLE) (LAST)

OLD NAME: _____
(FIRST) (MIDDLE) (LAST)

CURRENT MAILING ADDRESS: _____ Phone: _____

I, THE UNDERSIGNED, HEREBY REQUEST THAT A CHANGE BE MADE TO MY ADAMS STATE COLLEGE RECORDS TO REFLECT THE NAME CHANGE ABOVE:

SIGNATURE DATE: _____

(TO BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC)

SIGNED BEFORE ME THIS ___ DAY OF _____, _____.

(NOTARY PUBLIC)

MY TERM EXPIRES: _____

COUNTY OF: _____

STATE OF: _____

SEAL

Submit completed form to: Questions regarding name changes should
One Stop Shop, Student Union Building be referred to the Registrar's Office at
Phone: 719/587-7307 Fax: 719/587-7416 (719) 587-7322.

___ COF Eligible student?

___ Submitted name and other info to Tech. Records Coordinator?