

## Legal Name Change Affidavit

1903 W. Michigan Avenue Kalamazoo, MI 49008-5256 (269) 387-4300 www.wmich.edu/registrar

An individual seeking an official name change for his/her University academic records must be a current student. If a name change is requested during a semester, it is the student's responsibility to notify the instructor(s) to ensure the proper assignment of grades. Complete this affidavit and return to the Registrar's Office, along with a copy of the legal documentation.

| Former name (First):  | (Middle):    |                    | (Last):           |          | WIN:                        |  |
|---|--------------|--------------------|-------------------|----------|-----------------------------|--|
| New name (First):   |              | (Middle):          |                   | (Last):  |                             |  |
| WMU email address:  |              | Phone number:      |                   | D        | Date of birth:              |  |
| One of the following legal documents mu  Marriage license   | ıst be subn  | nitted with the af | îdavit:           |          |                             |  |
| Decree of divorce   |              |                    |                   |          |                             |  |
| Court order specifying name change  |              |                    |                   |          |                             |  |
| ☐ I have applied for graduation and wish  | this name    | change for my dip  | oloma.            |          |                             |  |
| I understand that all university academic re that the information I have provided is true purposes. |              |                    |                   | _        |                             |  |
| Student signature:  |              | Date: _            |                   | :        |                             |  |
| Sign ONLY in  | the presenc  | e of a Notary Publ | ic.               |          |                             |  |
| With my signature, I verify the identity of of the legal documentation is enclosed.                 | the person : | above and can atte | st to the validit | y of the | legal documentation. A copy |  |
| STATE OF  |              |                    |                   |          |                             |  |
| COUNTY OF   |              |                    |                   |          |                             |  |
| Sworn and subscribed before me this   |              | day of             | ,                 |          |                             |  |
| Notary Public   |              |                    |                   |          |                             |  |
| Return to:  |              |                    |                   |          |                             |  |

Office of the Registrar (Seibert Administration Building, 3rd Floor)

1903 W. Michigan Avenue

Kalamazoo, MI 49008-5256

Return by mail or in person (faxed or emailed forms will not be accepted).