

NAME CHANGE REQUEST FORM

Instructions:

To change your name officially in the GLS records, please fill out this form. Bring it to the GLS office along with any one of the forms of identification listed below.

If you are unable to come to the office in person, you may scan the form and document and attach as a pdf to an email. **The email should be sent to masters@wesleyan.edu and must come from your Wesleyan email account.**

PERSONAL INFORMATION

Wesleyan ID#: _____

Current name: _____

Address: _____

City, State, Zip: _____

CHANGE OF NAME REQUEST

Former name: _____
(first) *(middle)* *(last)*

New name: _____
(first) *(middle)* *(last)*

I attest that the above name change is the name that I will hereafter be known by.

Student signature: _____ Date: _____

ACCEPTABLE FORMS OF IDENTIFICATION

Court order for name change

Updated Social Security Card

Updated passport

GLS OFFICE USE ONLY

Signatures: _____

Date processed: _____ Student notified: _____

Processed by: _____