



Name Change Request Form

Date of Event _____ Date Request Submitted _____ Signature of Requestor _____

Student Currently enrolled? Yes No Alumna? Yes No If alumni, what class year? _____

Currently employed at Wheaton? Yes No If yes, Full-Time Part-Time

Student # _____ OR last four of SSN _____ Classification Fr So Jr Sr Grad Special Auditor

Maiden Name _____

First Middle Last

Name Change _____

First Middle Last

Preferred Email _____

Note: any name changes **REQUIRE** a copy of your Social Security Card
(For security, please cover the first 5 digits when submitting your updated social security card along with this form)

Spouse Currently enrolled? Yes No Alumnus? Yes No If alumni, what class year? _____

Currently employed at Wheaton? Yes No If yes, Full-Time Part-Time

Student # _____ OR last four of SSN _____ Classification Fr So Jr Sr Grad Special Auditor

Name _____

First Middle Last

Preferred Email _____

Permanent Address Effective Date _____

Street _____

City _____ State _____ Zip _____

Country (if not U.S.) _____

Phone (with area code) _____

- Note
- **Transcripts** will always reflect the student's name at the time they received their diploma; there will not be a name change on the transcript.
 - Your **@my.wheaton.edu** email address **will not** change unless you contact AIT Services for a change.

Office Use Only Date Processed _____

Registrar:

Social Security Card
Record Updated
Folder Name Changed

Notify Offices:

Student Financial Services (w/SS card)
Stu Dev (UG) or Grad Stu Care
HR (if employee, w/SS card)
Advancement Services