



## NAME CHANGE FORM

### Name

Last	First	Middle	NEIU ID Number
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### New Name *(Complete only if changing your name)*

Last	First	Middle
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Do you also wish to change your NEIU e-mail address to your new name? ☐ Yes ☐ No

Name Change Note:	Office Use Only																														
<p><u>Two documents</u> reflecting the new name are required with submission of this form.</p> <p>One of the two documents must be a <b>current</b> State ID or Driver's License.</p> <p>The other can be a signed <b>original/certified</b>: social security card, court documents, marriage certificate, current passport, current military ID, or birth certificate.</p> <p>All documents must contain the new name. Digital images or Photocopies will not be accepted.</p>	<p>Verify Documents Received (must select one from each document category):</p> <table><thead><tr><th>First Document:</th><th></th><th>Second Document:</th><th></th></tr></thead><tbody><tr><td>Current Driver's License</td><td><input type="checkbox"/></td><td>Court Documents Allowing Name Change</td><td><input type="checkbox"/></td></tr><tr><td>Current State ID</td><td><input type="checkbox"/></td><td>Marriage Certificate</td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td>Current Passport</td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td>Social Security Card</td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td>Current Military ID</td><td><input type="checkbox"/></td></tr><tr><td></td><td></td><td>Birth Certificate</td><td><input type="checkbox"/></td></tr></tbody></table> <div><p>Name verification with social security card: <input type="checkbox"/></p><table><tr><td>Staff Initials</td><td>Date</td></tr></table></div>	First Document:		Second Document:		Current Driver's License	<input type="checkbox"/>	Court Documents Allowing Name Change	<input type="checkbox"/>	Current State ID	<input type="checkbox"/>	Marriage Certificate	<input type="checkbox"/>			Current Passport	<input type="checkbox"/>			Social Security Card	<input type="checkbox"/>			Current Military ID	<input type="checkbox"/>			Birth Certificate	<input type="checkbox"/>	Staff Initials	Date
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this completed form via your NEIU email to: registrar@neiu.edu, or in person to Enrollment Services in D-101.