



CHANGE OF NAME FORM

Return to the Office of the Registrar
74 King Street • St. Augustine, FL 32084

PLEASE PRINT

Current Information:

Last, First, Middle Name

Email Address

Flagler ID Number

Have you worked on campus in the last year? Yes No

New Information:

Legal Last Name

Legal First Name

Legal Middle Name

Preferred First Name (no documentation required)

Preferred Prefix (no documentation required)

For a Legal Name Change please attach:

A copy of a State or Federally issued photo ID (passport, driver's license, etc.) showing new name

Or, copies of two of the following:

Notarized marriage certificate

Court order documenting legal name change

Voter registration card

Social Security card (SSN) showing new name

Signature

Date

OFFICE USE ONLY:

COPY: Business Services

College Nurse (*Legal Name Change Only*)
Alumni Affairs (*Alum Only*)

Box 1393
Box 1392