

Change of Name Form Return to the Office of the Registrar

IN PERSON: 1st floor, Seavey Cottage (20

Valencia Street)

MAIL TO: 74 King Street, St. Augustine, FL 32084 EMAIL: registrar@flagler.edu

Current Student Information

| full name | student ID | email address |
|---|-------------------------------|---|
| Have you worked on campus in the last year? | yes no | |
| New Information- Documentation is required name. | l for legal name changes. No | documentation required for preferred |
| legal last name | legal first name | legal middle name |
| preferred first name | preferred prefix | (We are currently only able to enter preferred first names, not preferred last name.) |
| For Legal Name Changes Please Provide: | | |
| A copy of a State or Federally is | ssued photo ID (passport, dri | ver's license, etc.) showing the new name. |
| Or, copies of two of the following: | | |
| Notarized Marriage Certificate | | |
| Court Ordered Documenting Le | egal Name Change | |
| Voter Registration Card | | |
| Social Security Card (SSN) Sho | wing New Name | |
| student signature | | anticipated graduation date |

FOR OFFICE USE ONLY

Original: Office of the Registrar - Permanent File

Copy: **Business Office**

Health Services (Name Change Only)

Alumni Affairs (Alum Only)