

Student Record Name Change Request

This form can be filled out with Adobe Acrobat and then printed for signatures. Upon completion, this form should be returned to Texas A&M University, Office of the Registrar, Records Section, P.O. Box 30018, College Station, TX 77842-3018; or Aggie One Stop, General Services Complex, Suite 102.

Any questions may be directed to 979-845-2658 or records@tamu.edu.

Must be accompanied by	acceptable legal doc	umentation as d	defined belo	W.
		/	,	/
Student ID Number		Date of Birth		
Major	Classification			Expected or Actual Graduation Date
Are you a Current TAMU em	ployee? Yes	No		
If yes, do you want your Com	pass name to change, as	s well?	Yes	No
CHANGE NAME TO: (Please	type EXACTLY as you v	wish it to appear)		
Last Name	First Name			Middle Name
FROM:				
Last Name	First Name			Middle Name
	First Name			Middle Name
REASON FOR CHANGE: Marriage Divorce	Court Order/	Naturalization	Misspel	lling
				9
MAILING ADDRESS:				
0:				
Street or P.O. Box			PI	hone Number
City, State, Zip Code				
* I have road the Guidelines f	or Changing the Name c	on Official Pacarda	Lundarstand	that the new name will appear on
				ke additional changes to my name
without new legal documen				ally altered for one of the reasons
shown above.				
Signature			Date	
For Records Office Use O	nly			
Date Changed in:	Compass	Data Se	earch Files	Permanent Record/Film
Date Change Sent to:	Dean	Departm	ent	Student
Documentation Received:				_
Marriage License Di	vorce Decree Birt	th Certificate	Passport	Permanent Resident Card
Naturalization Certificate	Court Order	Driver's License	(for minor chan	ges only, such as misspelling)