



# Name Change Form

Office of the Registrar | Cook Administration 128 | Phone: 773.995.2517 | Fax 773.995.3618 | Email: [registrar@csu.edu](mailto:registrar@csu.edu)

*Note: Employees must change this information at Human Resources*

- Requires at least **TWO VALID** and **ORIGINAL** forms of Identification (see choices below)
- Both forms of the required identification must show the **NEW** name
- At least **ONE** form of required identification must be a photo ID

**Current Name on Record:** *Please print the name that currently appears on official Chicago State University records*

\_\_\_\_\_

Last NameFirst NameMI or Middle Name

**I hereby certify that I wish to have my name changed to the name provided below:**

**New Legal Name:** *Please print the name that you would like to appear on Chicago State University records*

\_\_\_\_\_

Last NameFirst NameMI or Middle Name

**REASON FOR CHANGE** (check one only):

- Marriage:** please provide legal documentation such as a marriage license
- Resumption of Maiden Name:** please provide legal documentation such as divorce decree
- Legal Name Change:** please provide legal name change documentation
- Data Entry Error:** please provide a copy of photo identification with name spelled correctly

**Student's UID:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

*\*Signature required – request will not be processed if omitted.*

Submit to: **Registrar's Office** – Cook Administration Building Room 128  
 Chicago State University  
 9501 South King Drive  
 Chicago, IL 60628

**OFFICE USE ONLY:** *Stamp date received*

**TWO ID's REQUIRED:** *at least one photo ID/ copy the submitted ID's for files*

**ID Provided:**

- Divorce/Marriage Certificate     Driver's License     Court Action     Passport (*Non-US Citizens*)

\_\_\_\_\_  
Staff Initial

\_\_\_\_\_  
Date Received