



Change of Name Request

Date: _____

SS#: _____

Print Full Name Previously Reported:

Print Full Name Change:

Reason for Change:

Your Signature:

Instructions:

Thank you for keeping our office informed of your legal name. Please present to the Lee University Records Office this form **ALONG WITH** a legal document to verify the name change, such as a marriage license, adoption papers, divorce papers, or court order to change your name. The Records Office will make a copy of this legal document for your permanent file and will process your request. You may choose one of the following delivery methods:

Hand-deliver in person to Records Office, Admin Bldg, Rm 124

Fax to 423.614.8204

Mail to Lee University Records Office, PO Box 3450, Cleveland, TN 37320-3450

For Office Use Only

Initial upon completion:

___ Computer changed

___ Cross reference vault card made

___ File changed

___ Academic Services notified