

REQUEST FOR CHANGE OF NAME

Student Number:			
Please change the primary name on my a	cademic student record as follows:		
FROM:			
(last name)	(first name)	(middle initial)	
TO:			
(last name)	(first name)	(middle initial)	
SIGNATURE (required):		Date:y also need to contact Member Services at the University Health	
Services, the Circulation Office at the W. graduate employees) to change your nam which must be done directly in SPIRE.	E.B. DuBois Library, and the Division o	of Human Resources (for	

Return completed form to the address above. For questions, please call the Graduate Student Service Center at (413) 545-0722.