

**OFFICE OF THE REGISTRAR**  
Franciscan University of Steubenville  
1235 University Blvd  
Steubenville, OH 43952  
(740) 283-6221 opt. 4



**NAME CHANGE FORM**

**NAME CHANGES MAY ONLY BE SUBMITTED BY THE INDIVIDUAL WHOSE NAME HAS CHANGED.**

Print clearly

\_\_\_\_\_  
Previous Name (First, Middle, Last)

\_\_\_\_\_  
Current Legal Name (First, Middle, Last)

\_\_\_\_\_  
Student ID number

\_\_\_\_\_  
Social Security Number

Reason for Name Change\*:

Change of Marital Status     Religious Life     Other: \_\_\_\_\_

\* **A copy of legal documentation must be submitted to process a name change.** If there has been a change in marital status, specifically a copy of the marriage license or divorce certificate must be presented.

Marital Status:

Single     Married     Divorced     Widowed     Other (i.e. religious life)

**CONTACT INFORMATION**

\_\_\_\_\_  
Street Address 1

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Street Address 2

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
City, State ZIP

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE