

Legal Name Change Request

INSTRUCTIONS: Submit the completed form and a copy of your verifying document via our secure document portal: <https://jaydrop.creighton.edu/filedrop/Registrar>

Current Name: _____
Last First Middle

NetID/SSN: _____ **Date of Birth:** _____

Please print requested name change exactly as it should appear:

Last First Middle

This request is substantiated by the attached document:

- ☐ Marriage license
☐ Divorce decree
☐ Legal name change approval
☐ Other: _____

Current Address: _____
Number & Street City State Zip

Email Address: _____ **Phone Number:** _____

Signature: _____ **Date:** _____

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OFFICE USE ONLY:

_____ Entered in Banner

Current Student – Send to:
_____ Academic Dean's Office
_____ Financial Aid Office

Former Student – Send to:
_____ Academic Dean's Office
_____ Financial Aid Office
_____ Alumdata@