

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: _____ **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:** _____

.....
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@