

BELHAVEN  COLLEGE

NAME CHANGE
REQUEST FORM

Legal documentation must be provided for name change request to be processed. The name currently on the Belhaven Academic Record will remain on the academic record until legal documentation is provided.

Date of Request: _____
New Marital Status: (If applicable) Married _____ Single _____
Social Security Number _____ Belhaven ID Number _____
Local Address: Street _____ City _____ State _____ Zip _____
Home Phone: _____ Cell Phone: _____ Alternate Phone: _____

I hereby request that Belhaven College Registrar's office change the name on my permanent academic record:
(Please print.)

From: _____
Name currently on Belhaven Academic Record

To: _____
Name that is to replace name currently on Belhaven Academic Record

Reason for change: _____

I request my name be changed as requested above, and I assume all liabilities that might result from this change of name on my academic records.

Student's Signature

Date

Submit form to Preston Hall 203, fax to (601) 968-8832, or scan and email to registrar@belhaven.edu

Instructions: Student must provide original legal documentation prior to Registrar's office processing name change. Make a copy of the original document and staple the copy to this completed form. Name change may then be processed. Print a copy of the Student Services "Name" window to show the name has been changed. If the student is present, have them sign the changed "Name" page as approval of correctness of the change.