

**Name Change Process and Instructions - PLEASE PRINT LEGIBLY OR TYPE**

**419-289-5907**

Submit this form and supporting documentation to the Registrar's Office; address listed above.

Form may be faxed to 419-289-5650, or emailed to [ATS-Registrar@ashland.edu](mailto:ATS-Registrar@ashland.edu)

- Your name cannot be changed without a written request from you. No second-party notification of a name change will be accepted.
- Proof of **former** and **new** name must be submitted using one or more of the following pieces of identification: state driver's license or ID card, legal court document, passport, marriage license, social security card. If a degree has already been awarded, only a court order will be accepted to make the change. Photocopies are acceptable.
- Students attending on an F or J visa must provide a current passport bearing the exact name as the **new** name.
- If a name change occurs during a term, the student is responsible for notifying instructors of the new name after submitting this form.
- To appear on the diploma, name changes must be submitted by the last day of the degree-expected term.

7-digit ATS ID or last 4 digits of SSN	Date of Birth (mm/dd/yyyy)
Telephone	E-mail Address

CURRENT NAME on record with the Registrar's Office (print clearly)		
Last	First	Middle

NEW NAME to be filed with the Registrar's Office (print clearly)		
Last	First	Middle

Student Signature	Date
-------------------	------

Processed by/Date
-------------------