

Carroll University – Name Change Request

1. Complete the form in its entirety to request a name change.
2. Include legal documentation of the new name: a copy of driver’s license or copy of other documentation such as a birth certificate, marriage license, passport or court order of legal name change.
3. Return this form to the Office of the Registrar, Voorhees 109; or send it to the following contact information: Carroll University

Attn: Registrar’s Office
100 N East Ave
Waukesha, WI 53186
Fax: 262-650-4851

Change Name of (Please check one of the following): Student Parent Guardian Other_____

Student ID or Social Security Number: _____ Currently Enrolled: Yes No

Previous Name (as indicated on academic/alumni records): _____
Last First Middle Suffix

New Name: _____ Title (ex: Mr, Ms, Dr): _____
Last First Middle Suffix

Reason for Name Change (optional): Married Divorce Correction Court Order Other

Signature _____ Date _____

For Office Use Only

Task	Date Completed	Completed By
Change name in CX	_____	_____
Notify professors of name change (if during the semester)	_____	_____
Report name change to Office of Financial Aid	_____	_____
Report name change to Business Office (Chris J)	_____	_____