

# NAME CHANGE FORM

Please **PRINT** name as it appears on records.

Name \_\_\_\_\_  
*Last First Middle Maiden*

Student Number \_\_\_\_\_ Date \_\_\_\_\_

Former Name \_\_\_\_\_ Reason for Change \_\_\_\_\_

New Name \_\_\_\_\_ Effective Date \_\_\_\_\_

**TO ENSURE YOUR STUDENT ID CARD REMAINS ACTIVE, YOU MUST NOTIFY THE DEPARTMENT OF RESIDENCE OF THIS CHANGE**

\_\_\_\_\_  
**Signature**

Pursuant to Chapter 22 of the Code of Iowa, this information is being requested for the purpose of changing your name. All items are directory information and therefore may be released to third parties. All items are required and therefore incomplete forms cannot be processed.