

NORFOLK STATE UNIVERSITY
OFFICE OF THE REGISTRAR
700 Park Ave.
Norfolk, VA 23504
(757) 823-8229 • Fax: (757) 823-8907

REQUEST FOR CHANGE OF NAME ON UNIVERSITY RECORDS

(Please Print)

SOCIAL SECURITY NUMBER: _____

PRESENT NAME (as shown on University Records):

_____, _____
LAST FIRST MIDDLE

I request my name to be changed on all University Records as below.

NEW NAME:

_____, _____
LAST FIRST MIDDLE

Reason for change:

- Married on _____ to _____
- Divorced on _____ from _____
- See Copy of Court Order Attached
- See Sworn Affidavit Attached

Signature of Student Date

(Do Not Write Below This Line)

Signature of Registrar Date Entered