Methodist College

Name Change Form

Students may use this form to request that their academic record be updated to reflect a legally documented name change.

To save this form, please print a copy to PDF.

Please submit this form, accompanied by two forms of legal documentation demonstrating the change of name, to the Methodist College Office of Records and Registration in-person or via email (registrar@methodistcol.edu).

Acceptable forms of documentation include, but are not limited to a Driver's License, court order, marriage certificate, divorce decree, Social Security card, etc.

STUDENT INFORMATION			ACADEMIC INFORMATION		
ID Number			Degree (Major)		
Name Last, First, Middle					
Home Address					
E-mail					
Phone #					
UPDATED NAME INFORMATION					
Please update my name, as reflected in College records, to the following:					
Name Last, First, Middle			Currently Enrolle	d?	
Birth Date			t Term Attended not currently enrolled)		
SUPPORTING RECORDS INFORMATION Please list the records submitted to suport this request below (records may be identified by type; e.g. Driver's License):					
Supporting Record 1					
Supporting Record 2					
Student Signature		Date			
OFFICE USE ONLY					
			Date Proces	sed	
Records Office Signatur	re (Processed By)	Date	Date Resolv	red	