

Office of the Registrar
45 S. National Ave.
Fond du Lac, WI 54935
Phone: (920) 923-7618
Fax: (920) 926-6708
registraroffice@marianuniversity.edu



CHANGE OF ADDRESS / NAME FORM

Name (Legal Name Required):

First Middle Last Maiden

Soc. Sec. #: _____ Birth date: _____

New Address:

Street Address

City State Zip Code Country

Email Address Cell Phone (used for Emergency Contact Information)

Day Phone Evening Phone

Date New Address Takes Effect: _____

This Change is for my: _____ HOME ADDRESS _____ LOCAL ADDRESS (Traditional Students)

Required Signature Approving the Revision of your Personal Information:

Signature Date

Request for Change of Name on my Official Record:

Circle one: Marriage Divorce Legal Name Change

NOTE: Change of Name requires at least one copy of a legal form of documentation, such as a certified copy of a court order, a marriage certificate, divorce papers, a dissolution decree, a social security card, a driver's license, or a state issued I.D.

Complete Former Documented Legal Name (First, Middle, Last)

Complete Current Documented Legal Name (First, Middle, Last)

Do you want our I.T. Dept. to update your Sabre Net & email accounts with your revised name? ___ Yes ___ No

FOR OFFICE USE ONLY:

ID #: _____ Date Entered: _____ Initials: _____

Name Change sent to: Financial Aid Human Resources Other: _____ Revision Date: 05/2010

TRAD EMA MAAP RN-MSN GRAD ED OLQ MSN PHD ALUMNI