



NAME CHANGE REQUEST

Instructions: Please fill out this form completely and return it with your supporting documents to Skyhawk Station either in person or by mail (Skyhawk Station | 1000 Rim Drive | Durango, CO 81301).

I hereby request that my Fort Lewis College record be amended to reflect the legal name change detailed and documented below.

_____ Student ID _____ Current Name on Record

Name Change as Reflected in the Documentation Provided:

_____ First _____ Middle _____ Last

_____ Type: ___ Cell ___ Home
Telephone Number

REQUIRED: To complete this request, I have included a *copy* of one or more of the following supporting documents:

- Social Security Card
- Marriage License
- Court Order
- Divorce Decree
- Adoption Decree
- Passport
- Other _____

_____ Student Signature _____ Date

Registrar's Office Use Only		
<input type="checkbox"/> Verified Documentation	<input type="checkbox"/> Reviewed Student status	<input type="checkbox"/> Emailed stakeholders
<input type="checkbox"/> Updated in SPAIDEN	<input type="checkbox"/> Purged documents	<input type="checkbox"/> Created IT ticket
<input type="checkbox"/> Updated Contact Info	<input type="checkbox"/> Noted in SPACMNT	<input type="checkbox"/> Sent to imaging
Processed By: _____		Date: _____