

Ball State University
Office of Registrar
B-43 Lucina Hall
Muncie, IN 47306
registration@bsu.edu

NAME CHANGE REQUEST FORM

** A copy of the driver's license, marriage certificate, or court papers,
with the changed name must accompany this form

Phone: 765-285-1722

Date _____

* Ball State ID
number _____

Please provide if you remember

Date of Birth _____ Phone No.(_____)-_____-_____ Last term at BSU _____

*******Change the following information******* **Change**
FROM: Former Name (PLEASE PRINT)

Last First Middle
Change TO: Current Name (PLEASE PRINT)*

Last First Middle
By Marriage By Court Birth Certificate

All Former names _____

I authorize the name change on my Academic Record as specified above.

Signature _____

This form along with documentation in PDF format may be emailed to registration@bsu.edu