

Ball State University  
Office of Registrar  
B-43 Lucina Hall  
Muncie, IN 47306  
registrar@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: 765-285-2222

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 registrar@bsu.edu