

Student Administrative Services
Change of Name Request

Please type or print

Previous Name: _____
Last First Middle

New Name: _____
Last First Middle

ID NUMBER: _____

PHONE NUMBER: (____) _____ CELL: (____) _____

Must provide clear copy of ONE of the following Identifying Documents:

- ◆ DRIVER'S LICENSE or STATE ID
- ◆ SOCIAL SECURITY CARD

And ONE of the following Legal Documents:

- ◆ FINAL DIVORCE DECREE JUDGMENT STATING YOU MAY CHANGE YOUR NAME
- ◆ MARRIAGE CERTIFICATE
- ◆ COURT ORDER
- ◆ CERTIFICATE OF NATURALIZATION SHOWING A NEW NAME
- ◆ PASSPORT

Signature: _____ Date: _____

Send this form with copies of supporting documentation to:

Registrar's Office
Western International University
1601 W. Fountainhead Parkway
Tempe, AZ 85282

Fax: 602.366.1457

Email: inquiries@west.edu

If you have questions call toll free: 866-948-4636