



Name Change Request Form

Date Request Submitted _____ Signature of Requestor _____

Student Currently enrolled? Yes No Alumni? Yes No If alumni, what class year? _____

Currently employed at Wheaton? Yes No If yes, Full-Time Part-Time

Student # _____ OR last four of SSN _____ Classification: Fr So Jr Sr Grad Special Auditor

Name to update _____

First _____ Middle _____ Last _____

Change name to _____

First _____ Middle _____ Last _____

Preferred Email _____

Note: any name changes **REQUIRE** a copy of your Social Security Card
Upload a copy of your SSN to the secure folder here OR email a copy to registrar@wheaton.edu (if emailing a copy of your SSN, please cover the first 5 digits when submitting your updated social security card along with this form).

Spouse (if applicable): Currently enrolled? Yes No Alumni? Yes No If alumni, what class year? _____

Currently employed at Wheaton? Yes No If yes, Full-Time Part-Time

Student # _____ OR last four of SSN _____ Classification Fr So Jr Sr Grad Special Auditor

Name _____

First _____ Middle _____ Last _____

Preferred Email _____

Permanent Address _____ Effective Date _____

Street _____

City _____ State _____ Zip _____

Country (if not U.S.) _____

Phone (with area code) _____

- Note
- **Transcripts** will always reflect the student’s name at the time they received their diploma; there will not be a name change on the transcript.
 - Your **@my.wheaton.edu** email address **will not** change unless you contact the AIT Service Desk for a change.

Office Use Only:

<p>Registrar:</p> <ul style="list-style-type: none"> Social Security Card Record Updated Folder Name Changed 	<p>Notify Offices:</p> <ul style="list-style-type: none"> Student Financial Services (w/SS card) Stu Dev (UG) or Grad Stu Care HR (if employee, w/SS card) Advancement Services
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