OFFICE OF THE REGISTRAR Sherman Hall 110 1 University Circle Macomb, IL 61455-1390 Phone: (309) 298-1891 Fax: (309) 298-2787 Email: R-Office@wiu.edu Visit: wiu.edu/registrar

NAME CHANGE OR CORRECTION

- 1. <u>Copies of TWO forms of signed legal documentation showing new name are required:</u> Marriage Certificate, Court Document of Name Change, or Divorce Decree (divorce decree must state that you may use this name) <u>AND</u> one of the following: Driver's License, State ID Card, Signed Social Security Card, Birth Certificate, Passport, or Military ID.
- 2. Misspellings resulting from illegible writing are the responsibility of the student. Therefore, please print clearly and legibly on this form.
- 3. The student is responsible for notifying faculty and appropriate offices of the name change/correction. The student may contact the uTech Support Center to request an updated WIU email address.
- 4. Students who have applied for graduation must complete a revised graduation application if they wish to have their name changed on the diploma and commencement publications/releases.
- 5. International students must have this form countersigned by the Assistant Director of International Admissions before the change of name will be processed.
- 6. Return form and documentation to the Office of the Registrar, Sherman Hall 110, 1 University Circle, Macomb, IL 61455-1390.

WIU ID Number:		Date of Birth:	
Name Changed from:			
	Last/Family	First/Given	Middle
Name Changed to:			
	Last/Family	First/Given	Middle
ALL Previous legal names	used:		
Currently Enrolled:		or Last Term Attended:	
	ērm & Year		Term & Year
	ed name change and/or n ve Western Illinois Univer	-	te request and is not an attempt
Student Signature:			Date:
Email Address:			Phone:
For International Student	s Only:		
(Passport must be presented) Signature of Asst. Director of International Admissions			

PLEASE PRINT IN BLOCK LETTERS:

COPIES OF <u>TWO</u> FORMS OF SIGNED LEGAL DOCUMENTATION MUST ACCOMPANY THIS REQUEST