



Change of Name Form

Present Name:

Last: _____ First: _____ Middle: _____

Social Security: _____ — _____ — _____ IU/Student ID number _____

Change to:

Last: _____ First: _____ Middle: _____

Reason for Change: _____Are you currently a student at Immaculata University? ☐ yes ☐ noDid you receive a degree from Immaculata University? ☐ yes ☐ no; If yes, when? _____
Only the Current Name will be changed.**Are you planning to Graduate in the current term?** ☐ yes ☐ no; **Have you submitted an Application for Graduation Online?** ☐ yes ☐ noAre you an Immaculata University employee? ☐ yes ☐ no

Phone number and email where you can be reached if there is a question:

Phone: _____ Email: _____

I do hereby certify that the change (s) above is legitimate and true.

Signature_____
Date

Instructions:

- 1.) Complete the form above.
- 2.) Include **two** forms of identification showing your **new name** (one must be photo ID).
- 3.) Include **one** form of identification with your **previous name**.
Acceptable identification forms are a current driver's license, a marriage certificate, an alien registration card, a government-issued photo ID, a social security card, a passport, a legal court document or notarized copy. Please note: a birth certificate is **not** a valid form of identification. Original documentation or notarized copies can be mailed, faxed or submitted in person to the Registrar's Office.
- 4.) Submit to:

Immaculata University
Registrar's Office, 30 Villa Maria
1145 King Rd
Immaculata, PA 19345-0634
Phone: (610) 647-4400, ext 3095 Fax: 610 647-7073

For Office Use Only _____ ☐ CLL ☐ CG ☐ CUS ☐ Alumni ☐ Faculty ☐ Staff ☐ Other

Processed by: _____ Date: _____