



NAME CHANGE FORM

OFFICE OF THE REGISTRAR

2600 Sixth Street S.W.
Canton OH 44710
Email: Registrar@aultmancollege.edu
Phone: 330-363-1232
Fax: 330-580-6654

For Office Use Only

Date Received

Date Processed

Social Security Card Validated

It is important that the college has current information on every student, and it is your responsibility to report any changes in this information. Failure to do so may prevent essential information/notices from getting to you. Complete this form and submit to the College Office. Please allow 3 days for processing.

FILL OUT THIS SECTION COMPLETELY.

FIRST NAME	M.	LAST NAME	STUDENT ID NUMBER
_____ STUDENT SIGNATURE		_____ DATE	

CHECK AND COMPLETE WHICH INFORMATION YOU WOULD LIKE CHANGED:

<input type="checkbox"/> NAME CHANGE A SOCIAL SECURITY CARD IS REQUIRED FOR A NAME CHANGE
FORMER NAME
NEW NAME