



**EMORY**  
UNIVERSITY

**Office of the Registrar**

100 Boisfeuillet Jones Center, 200 Dowman Drive  
Atlanta, GA 30322  
Phone: 404-727-6042 Fax: 404-727-4997

**NOTIFICATION OF NAME CHANGE**

Student's Last Name	First Name	Middle Name	Former Names (if any)
Emory ID	Email Address		Phone Number

The original entry of student name is processed from the original application for admission. **Name changes for currently enrolled students will be recorded with sufficient evidence supporting the change, as such please provide one of the following:**

1. **Marriage License, or**
2. **Court Order, or**
3. **Passport, or**
4. **Government issued ID *plus* one of the following: social security card, credit card, or bank check.**

Please note there is no obligation to record social security numbers for students not currently enrolled.

*Please fill in ALL blanks to indicate the necessary changes:*

Previous Last Name	Previous First Name	Previous Middle Name	Suffix (other)
New Last Name	New First Name	New Middle Name	Suffix (other)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**\*Please Note: The changes on this form normally take 3-5 business days to process.**