

**CHANGE OF NAME**

**VALPARAISO UNIVERSITY  
Office of the Registrar  
1700 Chapel Dr. – Kretzmann Hall  
Valparaiso, IN 46383  
(219) 464-5212**

Date: \_\_\_\_\_

VU ID #: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Email Address: \_\_\_\_\_

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**Former Name:**

\_\_\_\_\_  
*Please Print* Last First Middle

**Former Marital Status:** (please check one)

Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated \_\_\_

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**Current Name:**

\_\_\_\_\_  
*Please Print* Last First Middle

**Current Marital Status:** (please check one)

Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated \_\_\_

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**Documented proof (marriage certificate or court documentation) is required.**

Documentation Provided: \_\_\_\_\_

\_\_\_\_\_

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**Signature:** \_\_\_\_\_