

NAME CHANGE CERTIFICATION

I request that Washington and Lee the University (“University”) change the name on my official University records as follows:

Previous Name (First, Middle, and Last):

Current/New Name (First, Middle, and Last):

Years Attended University: _____

Year of Graduation: _____

Date of Birth (MM/DD/YYYY): _____

Student ID Number: _____

Reason for Change (Ex. marriage, court order, other):

I also request that the University change the gender on my official University records to align with my official government ID (or Court Order/Decree) as follows:

Female

Male

I have provided the following documentation (Check all that apply):

Copy of a Social Security Card, Driver’s License, Passport, Government or Military I.D. reflecting the change.

A certified copy of a court order reflecting the change.

A certified copy of a marriage certificate or dissolution decree reflecting the change.

For Current Students: I understand by submitting this form I agree that when the Office of the University Registrar makes the changes I have requested, it is my responsibility to notify others on campus, such as instructors of courses in which I am currently enrolled, of the change.

Signed: _____

**Submit completed form with documentation to the University Registrar at
registrar@wlu.edu**