

Student Name Change Request



Address changes are entered in AUView under Update Contact Information.

Name (print) _____ Student ID _____

Incomplete forms may delay your change request.

Name Change		First	Middle	Last
Old Name (print legibly)				
New Name (print legibly)				
Attach a copy of official documentation reflecting the name change. Acceptable documentation includes:				
Washington State Driver's License or ID Card	Court Order-certified copy			
Passport	Marriage Certificate			
Birth Certificate	Dissolution Decree showing new name			
Alien Registration Card	International students must present a passport issued in the new name.			

Please allow up to 10 days for processing of your request.

X _____ Date _____
Student Signature (required)

Submit this form in person, by mail, fax or scan: AUS Student Services Office
2400 3rd Avenue, Suite 200
Seattle, WA 98121
Fax: (206) 268-4242
Email: registrar@antioch.edu

Questions? (206) 268-4772

Office Use Only	Date Rec'd	Date Processed
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