



Name Change Request Form

Date Request Submitted _____ Signature of Requestor _____

Student Currently enrolled? Yes No Alumni? Yes No If alumni, what class year? _____

Currently employed at Wheaton? Yes No If yes, Full-Time Part-Time

Student # _____ OR last four of SSN _____ Classification: Fr So Jr Sr Grad Special Auditor

Name to update _____

First Middle Last

Change name to _____

First Middle Last

Preferred Email _____

Marital status: Single Married

Note: any name changes **REQUIRE** a copy of your Social Security Card

Upload a copy of your SSN to the secure online folder here OR email a copy to registrar@wheaton.edu (if emailing a copy of your SSN, please cover the first 5 digits when submitting your updated social security card along with this form).

Spouse (if applicable): Currently enrolled? Yes No Alumni? Yes No If alumni, what class year? _____

Currently employed at Wheaton? Yes No If yes, Full-Time Part-Time

Student # _____ OR last four of SSN _____ Classification Fr So Jr Sr Grad Special Auditor

Name _____

First Middle Last

Preferred Email _____

Permanent Address Effective Date _____

Street _____

City _____ State _____ Zip _____

Country (if not U.S.) _____

Phone (with area code) _____

- Note**
- **Transcripts** will always reflect the student's name at the time they received their diploma; there will not be a name change on the transcript.
 - Your **@my.wheaton.edu** email address **will not** change unless you contact the AIT Service Desk for a change: ait.service.desk@wheaton.edu.

For Office Use Only:

Registrar:

Social Security Card
Record Updated

Notify Offices:

Student Financial Services (w/SS card)
Stu Dev (UG) or Grad Stu Care
HR (if employee, w/SS card)
Advancement Services