WHEATON COLLEGE
For Christ & His Kingdom

Marital Change Request Form

Date of Marriage _____ Date Request Submitted _____ Signature of Requestor _____

Wife Currently enrolled? ☐ Yes ☐ No Alumna? ☐ Yes ☐ No If alumna, 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

Maiden Name _____ _____ _____
First Middle Last

Name Change _____ _____ _____
First Middle Last

Preferred Email _____

Note: any name changes **REQUIRE** a copy of your Social Security Card
(For security, please cover the first 5 digits when submitting your updated social security card along with this form)

Husband Currently enrolled? ☐ Yes ☐ No Alumnus? ☐ Yes ☐ No If alumnus, 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 AIT Services for a change.

Office Use Only

Date Processed _____

Registrar:
- ☐ Social Security Card
- ☐ Record Updated
- ☐ Folder Name Changed

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