

Change of Name Form

CALVIN
College

Current Name on Student Records: _____

Student # _____ Social Security #: _____ Calvin E-mail Address: _____

Please change my name to read as follows: (Please print clearly)

New Address:

Street Address: _____

City: _____ State: _____

Zip: _____ Phone: (_____) _____

Signature: _____

(I verify that the changes and information above are accurate)

Reason for Name Change (Please Check ALL that Apply)

___ - Married
Spouse's Name: _____

___ - Name was misspelled on records

___ - Other: _____