

CHANGE OF NAME

**VALPARAISO UNIVERSITY
Office of the Registrar
1700 Chapel Dr. – Kretzmann Hall
Valparaiso, IN 46383
(219) 464-5212**

Date: _____

VU ID #: _____

Birth date: _____ Social Security Number: _____ - _____ - _____

Current Email Address: _____

Former Name:

Please Print Last First Middle

Former Marital Status: (please check one)

Single ___ Married ___ Divorced ___ Widowed ___ Separated ___

Current Name:

Please Print Last First Middle

Current Marital Status: (please check one)

Single ___ Married ___ Divorced ___ Widowed ___ Separated ___

Documented proof (marriage certificate or court documentation) is required.

Documentation Provided: _____

Signature: _____