

CHANGE OF NAME FORM

This form must be accompanied by a certified copy of the original document.

Student ID Number _____

Date _____

New Name _____
(Please Print)

Old Name _____
(Please Print)

Contact Number _____

HU Email _____

Reason for Name Change:	
Adoption	
Divorce	
Marriage	
Other	

Please Select Your Level	
Graduate	
Professional	
Undergraduate	
CE or Online	

Student's Signature _____