

Enrollment Services office 2500 Carlyle Ave Belleville, IL. 62221-5899 866-942-SWIC (7942) ext. 5281

REQUEST FOR NAME CHANGE

Please P	rint Black/Blue ink only		
Student II	D #	Social Se	curity Number
Birthdate		Phone Number	
FROM:	Last Name	First Name	Middle Name/Initial
TO:	Last Name	First Name	Middle Name/Initial
Proof o	of legal name change	must accompany	this form for the change to be made.
	attach a VALID copy Driver's License OF		owing verifying your legal name change: Security Card
Additio Check	nal documentation is one:	required for reas	ons marked below.
	Marriage (attach copy of ma	rriage license)	Divorce (attach copy of portion of divorce decree pertaining to name change)
	Court Action (attach copy of	Other(Administrative Approval Required)	
Т	ypographical Error		
defraud.	I further state that the na	ame currently on rec	mplete and that there is no intent on my part to ord and the name requested above are for one and the required documentation.
Signature:			Date of Request

Note: If you are also an employee of the college, please contact the Payroll office.