

# Southeastern Louisiana University

## LEGAL NAME CHANGE FORM

To change your legal name, please print and complete the following form. After completing all fields, sign and date it, then submit it with the required documentation to the Office of the Registrar. If you are currently enrolled, your legal name will not be changed on university records until the end of the current school session. Therefore, please continue to use the name under which you registered throughout this current school session.

Southeastern Louisiana University  
Office of the Registrar  
SLU 10752  
Hammond, LA 70402  
**Fax: (985) 549-5632**  
**E-mail: registrar@southeastern.edu**

---

### Please print or type your name as it currently appears on University records:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle/Other: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### I request that the name on my records be changed to the following:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle/Other: \_\_\_\_\_

---

### Copies of the following items must accompany this form:

Social Security Card (Name on Social Security Card **must** match your requested new name and the card **must** be signed).

AND

### Reason for name change ---Copy of legal document(s) must accompany this form:

Marriage (copy of marriage license required)     Divorce (copy of divorce decree required)

Court Order (copy of court order required)

Other: \_\_\_\_\_ (copy of legal documentation required)

Please Note: \*If your name is the result of a divorce and a marriage, copies of both the divorce decree and marriage license will be required.

\*If you are an international student on F-1 visa, you are required to notify the International Student Affairs Officer of any name change.

\*If you have applied for graduation and would like your diploma name to reflect this name change, please e-mail gradapp@southeastern.edu from your Southeastern e-mail account.

### Please make the requested change to my records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(signature required)