



WAKE FOREST
UNIVERSITY

Office of the University Registrar

NAME CHANGE FORM

Date of Birth: ____ / ____ / ____

Student ID (if known): _____

Address: _____

Phone: (____) _____

Email: _____

Name on Record:

Last

First

Middle

Change Name to:

Last

First

Middle

Date

Signature

Please submit to the Office of the University Registrar via mail completed request to:

Wake Forest University

Attn: Office of the University Registrar

PO Box 7207

Winston-Salem, NC 27109

or fax to (336) 758-6056

Enclose a copy of one of the following:

____ Copy of a state or federally-issued photo ID indicating the new name

____ Copy of a notarized marriage certificate or divorce decree indicating the new name

____ Copy of notarized court order indicating the new name

Attention: Please DO NOT email any SSN information.