



WAKE FOREST
UNIVERSITY

GRADUATE SCHOOL of
ARTS & SCIENCES

NAME CHANGE AFFIDAVIT
Reynolda Campus

County of _____

State of _____

The undersigned, being duly sworn, deposes and says: that prior to this date he/she was/is enrolled at Wake Forest University under the name:

(from) _____

(to) _____, and

that this is the name by which he/she is now and will be hereafter known. This change of name is not done with the intent to defraud or to hide true identity and is not for a fraudulent or illegal purpose.

Social Security Number

Signature

WFU ID #

Subscribed and sworn to before me this the _____ day of _____, 20_____.

Notary Public

My commission expires _____.

(Seal)

Student's name changed by:

- ☐ Marriage
☐ Divorce
☐ Court Order

Name changed on or about _____
(date)

Division of School Enrolled: Graduate School of Arts and Sciences

NOTE: Attach copy of name change documentation or copy of social security card with new name.