

NAME CHANGE AFFIDAVIT

Office of the University Registrar

State of			
County of			
The undersigned, being duly	sworn, deposes and say	ys:	
-		orest University under the name	
		m	
(check one)	marriage,	divorce,	court order,
other:			
Date		or a fraudulent or illegal purpose.* Signature	(SEAL)
(SEAL)		Sworn to (or affirmed) and s	
		Notary Public	
		My commission expires:	
FOR OFFICE USE ONLY!			
* <i>P</i>	A copy of the Social Se	curity card indicating the new name	is attached.

Name WILL NOT be changed until Social Security card has been changed!