

Idaho State

UNIVERSITY

Office of the Registrar
921 South 8th Ave, Stop 8196
Pocatello, ID 83209-8196
Telephone (208) 282-2661
Fax (208) 282-4231
Email: reginfo@isu.edu

Student ID #: _____ **Date of Birth:** _____
MM/DD/YYYY

Former Name: _____
Last Name First Name Middle Name or Initial

New Name: _____
Last Name First Name Middle Name or Initial

In order to change your name on your official records, we need a copy of **one** of the following with your new name clearly visible:

- Social Security Card* Passport

*If transmitted electronically, please mask your Social Security Number, leaving your name and the final digit of your number visible.

PLEASE READ AND SIGN BELOW

I certify that no legal action has been undertaken by me in this state or in any other state in which I unsuccessfully attempted to change my name, and that this change of name is not requested for the purpose of defrauding another or to avoid creditors.

Signature

Date

*****FOR OFFICE USE ONLY*****

Record of Changes	Date	Initials
Verified Documents		
Banner Update		