



# Change of Name Form

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**PLEASE ENTER YOUR NEW NAME, SIGN THE DOCUMENT, THEN RETURN IT TO THE REGISTRAR'S OFFICE.**

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Student ID # \_\_\_\_\_

**NEW** Authorized Name (PRINT):

\_\_\_\_\_

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Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

**OLD/CURRENT** Name (PRINT):

\_\_\_\_\_

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Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

My name has been changed for the following reason:

\_\_\_\_\_ Marriage

\_\_\_\_\_ Divorce

\_\_\_\_\_ Adoption

\_\_\_\_\_ Court Order

\_\_\_\_\_ Other

**For US citizens and permanent residents:** a social security card authorizing name change is required.

**For International students:** a certified copy of legal document authorizing the name change is required.

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

Please Return To: Registrar's Office, Gallaudet University, 800 Florida Ave, NE,  
Chapel Hall, Room 101, Washington, DC 20002-3695