

Name Change Request Form
Office of Records and Registration

International student's names must appear on college records exactly as they appear on the passport issued by the student's home country.

Requests for name changes for degree candidate must be submitted no later than one week after the graduation application deadline. Students requesting name changes after this date are not guaranteed that the change will be reflected in the commencement program. The Office of the

Registrar does not recommend sending notarized copies of documents required for name changes by fax.

Current Name on Student Record:

Last Name _____ First Name _____ Middle Name _____

Student I.D. _____

Change Name to:

Last Name _____ First Name _____ Middle Name _____

Reason for Change and Required Documentation:

___ Error Correction -Original or notarized copy of birth certificate or valid U.S. passport.

___ Marriage -Original or notarized copy of marriage license with county or parish filing stamp. Church issued marriage certificates are not acceptable documentation for a name change. If your marriage license does not indicate a name change, you must present the marriage license and some other form of identification indicating that you have changed to your married name.

___ Divorce -Original or notarized copy of original divorce decree that includes a specific decree granting restoration of the maiden or other name, signed by the judge and bearing the county filing stamp. If submitting a certified copy, you need only include the first page of the decree, the page containing the name restoration order, and the page bearing the judge's signature. If your divorce decree does not indicate a name change, you must present the divorce decree and some other form of identification indicating that you have changed to your maiden or other name.

___ Court Order -Original or notarized copy of the court order signed by the judge and bearing the county filing stamp.

___ Citizenship by Naturalization -Original or notarized copy of the Certificate of Naturalization.

Student Signature _____ **Date** _____

Return completed request by mail or fax:

Fax 410-337-6085

Welch Center for Graduate and Professional Studies

Goucher College

1021 Dulaney Valley Road

Baltimore, MD 21204

Phone: 410-337-6200

For Office Use Only
Date Processed: _____
Initials: _____