



Office of Academic Records and Registrar
207 Memorial Hall, 126 Hofstra University, Hempstead, NY 11549-1260

CHANGE OF NAME FORM

Please type or print in ink. Upon completion, please **return this form to the Welcome Desk in 206 Memorial Hall**. For your convenience, you may fax this form with the appropriate documentation (e.g., birth certificate, marriage license) to the Office of Academic Records and Registrar at **(516) 463-6421**, or mail this form with copies of the appropriate documentation, to: Office of Academic Records and Registrar, 207 Memorial Hall, 126 Hofstra University, Hempstead, NY 11549-1260. If you have any questions, please call **(516) 463-8000**, option 2.

I affirm that my name as currently recorded on the official Hofstra University record is:

First Middle Last

As of the date on this form, I wish my name on the official Hofstra University record to be changed to:

First Middle Last

for the following reason: MARRIAGE Original certificate or copy must be shown.
 DIVORCE Original decree or copy must be shown.
 OTHER Appropriate documentation is required.

(If "OTHER" state reason.) _____

Date of Birth 70 – _____
Student ID #

- | | |
|---|---|
| <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Undergraduate Student |
| <input type="checkbox"/> Currently Enrolled | <input type="checkbox"/> Not Currently Enrolled |

Street Address

City State ZIP

Student Signature Date