Change of Name Form

When filling out this form, please type or print in ink. After completed, please return this form to the Office of Academic Records in room 207 Memorial Hall for processing. For your convenience, you may fax this form with the appropriate documentation (e.g. birth certificate, marriage license) to the Office of Academic Records at (516) 463-6421 or mail this form with copies of the appropriate documentation to: Office of Academic Records, Memorial Hall Room 207, 126 Hofstra University, Hempstead, NY 11549-1260. If there are any questions, please call (516) 463-6680. Thank you.

The undersigned deposes and says that his/her name as currently recorded on the official Hofstra University records is:

First  Middle  Last

The undersigned now wishes the form of his/her name in Hofstra's records to be changed to:

First  Middle  Last

for the reason(s) checked:

☐ MARRIAGE - original certificate or copy must be shown
☐ DIVORCE - original decree or copy must be shown
☐ OTHER - appropriate documentation required

(State reason) _________________________________________________________________

Date of Birth  Student ID #

☐ Graduate Student  ☐ Undergraduate Student
☐ Currently Enrolled  ☐ Not Currently Enrolled

____________________________  ______________________________
Street Address  Signature of Deponent  Date

____________________________  ______________________________
City  State  Zip  Date