



Name Change Request Form

CURRENT NAME INFORMATION:

Please indicate your name as it currently appears in our records.

Last

First

Middle

Student ID#

NEW NAME INFORMATION:

Please enter your name **EXACTLY** as listed on the documentation you are providing.

Last

First

Middle

Documentation required for Name Change (Please choose one of the following):

- Marriage License
- Court Order
- Certificate of Naturalization
- Other

Would you like to have your name change reflected in your student email address? Y____ N____

If Yes, please provide EXACTLY **FIRSTNAMELASTNAME** how the new student email should be listed: _____

If Yes, please provide a personal email address to reset: _____

Please send the completed form along with required documentation to one of the following:

Mail: Office of the Registrar
Licensing, Credentialing & Records
1600 SW 80th Terrace
Suite 106A
Plantation, FL 33324

Email: LCR@Rossu.edu
FAX: (754) 208-4745

Signature

Date