

REQUEST FOR NAME CHANGE ON OFFICIAL UNIVERSITY RECORD

Use this form to request East Tennessee State University to change your name on official records. Required documents and processing instructions vary depending on your relationship to the University. Complete the form, attach required documents, and submit according to the instructions below. You may submit all documents in person or by mail. Submit your completed form and supporting materials to one office only—the office in the first relationship you check below.

If you are	Required documents	Submit form and documents to
<input type="checkbox"/> Employee (Faculty / Administrator / Staff)	Completed form, social security card, and related documents (i.e., marriage certificate, divorce decree, or court order, etc.)	Human Resources • 307 Burgin Dossett Hall • Box 70564 • Johnson City, TN 37614 • Phone: (423) 439-4457 or 7089
<input type="checkbox"/> Student Employee (Federal Work Study/Regular Student Work Program)	Completed form, social security card, and related documents (i.e., marriage certificate, divorce decree, or court order, etc.)	Office of Financial Aid • 105 Burgin Dossett Hall • Box 70722 • Johnson City, TN 37614 • Fax: (423) 439-5855
<input type="checkbox"/> Medical Resident	Completed form, social security card, and related documents (i.e., marriage certificate, divorce decree, or court order, etc.)	Graduate Medical Education • College of Medicine • Suite C-216 • Stanton-Gerber Hall • Box 70415 • Johnson City, TN 37614 • Fax: (423) 439-8910
<input type="checkbox"/> Student Submit form and supporting documents to the office as it pertains to you (e.g., medical students to the college of medicine; pharmacy students to the college of pharmacy; and all other students to the Registrar)	Completed form and official court documents (i.e., marriage certificate, divorce decree, etc.)	Office of the Registrar • 101 Burgin Dossett Hall • Box 70561 • Johnson City, TN 37614 • Fax: (423) 439-6604 College of Medicine • Suite C-247 • Stanton-Gerber Hall • Box 70580 • Johnson City, TN 37614 • Fax: (423) 439-2110 College of Pharmacy • Room 216, VA Bldg. 7 • Box 70414 • Johnson City, TN 37614
<input type="checkbox"/> Alumnus/Alumnae individuals who have not been enrolled in classes at ETSU for one or more semesters	For last name changes due to marriage or divorce, only this form is required.	Advancement Office • 303 Burgin Dossett Hall • Box 70721 • Johnson City, TN 37614 • Fax: (423) 439-5836
<input type="checkbox"/> Other (Use only if no other category applies - e.g., donor, or business)	For last name changes due to marriage or divorce, only this form is required.	Advancement Office • 303 Burgin Dossett Hall • Box 70721 • Johnson City, TN 37614 • Fax: (423) 439-5836

Your name as it is currently listed on your ETSU Record:		Your name as it should appear & as supported by your documents:	
First Name		First Name	
Middle Name		Middle Name	
Maiden Name		Last Name	
Last Name		Suffix	
Suffix			

E Number		Daytime Phone	
Email Address			

Check all relationship categories that apply:

- | | |
|--|--|
| <input type="checkbox"/> Current employee | <input type="checkbox"/> GA/Student Worker |
| <input type="checkbox"/> Former employee – last date worked _____ month/year | <input type="checkbox"/> F1/J1 Visa (Passport or Marriage Certificate) |
| <input type="checkbox"/> Current student | <input type="checkbox"/> Former student/not graduated Last Term Attended _____ |

Reason for Name Change (if marital status change, please indicate new status)	
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Do you want to change your computer user name?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, complete the Computer Account Name Change Request form on the ITS Forms website.
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Financial Aid applicants/recipients	I understand that I cannot change my legal name as it appears on my birth certificate and/or with the Social Security Administration without supporting legal documents. If I do not have the necessary legal documents, I forfeit my rights to any current or future financial aid disbursement. I understand that my name on my official university record and my legal name must match in order for me to receive financial aid.
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By signing below, I assume responsibility for notifying my instructors of the name change and the consequences or problems that may occur as a result of this change of my name. It is not my intent to defraud East Tennessee State University.

Signature	Date
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Office Processing Change: _____ By: _____ Phone: _____ Date: _____