

**REQUEST FOR CHANGE:
NAME**

**ALASKA PACIFIC
UNIVERSITY**

To: *Registrar*

Date: _____

From: _____

APU ID#: _____

Student Name (Last, First, MI)

Current Mailing Address (Street/PO Box)

Phone: _____

(Home)

City

State

ZIP

(Work)

Name changes are recorded only when legal documentation is provided. This may be a copy of a marriage certificate, divorce decree, court orders, etc. If you wish your name changed on your records, **please provide us with the appropriate documentation.**

Previous Legal Name _____
(First, Middle, Last)

Current Legal Name _____
(First, Middle, Last)

Student's Signature _____ Date: _____

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