

**REQUEST FOR NAME
CHANGE FORM FOR
CURRENT* STUDENTS**



I request that my official name be changed from

to _____

due to (reason) _____

Do you need an address change as well? YES NO

***If yes, please also fill out an Address Change Request**

Please present as proof of the official change 2 of the 3 following documents: social security card, driver license, court documentation, etc....

Student Signature

Date

Student ID Number

If name change due to marriage, please check the appropriate box.

My spouse is/was a student _____
Name Student ID

My spouse is/was not a student

*** Name changes are not processed after the student is no longer enrolled or has graduated.**

****Please update your last name under your FSA ID after we have processed your name change. Failure to do so can cause issues with financial aid funds. If you have any questions, please contact Financial Aid.**

For questions, concerns or assistance with this form contact:

TN Campus Location: PW 209
Phone: 865-251-2230
Email: RegistrarTN@JohnsonU.edu

FL Campus Location: Chapman Center
Phone: 407-569-1336
Email: RegistrarFL@JohnsonU.edu

Office Use:

Jenzabar: _____Name _____Bio Email: _____IT _____Mailroom _____Student File

RV: 4/9/2024