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 wel			
*If yes, please also fill out an Addr	ess Change Request		
Please present as proof of the officer card, driver license, court docume	-	ing documents: soci	al security
Student Signature		Date	
Student ID Number			
If name change due to marriage, p	lease 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:			
E	TN Campus Location: PW 209 Phone: 865-251-2230 Email: RegistrarTN@JohnsonU.edu		
Office Use:			
Jenzabar:NameBio E	mail:ITMailroom	_Student File RV	': 6/26/2024