



**FLORIDA
MEMORIAL
UNIVERSITY**

REQUEST FOR CHANGE OF NAME

Name(s) while attending Florida Memorial University (FMU)

1. _____
 First MI Last

2. _____
 First MI Last

Present Name:

 First MI Last

Social Security Number (SSN) while attending FMU:

 Last 4 Digits

Current SSN:

 Last 4 Digits

Present Address:

 Street or P.O. Box Number

 Apartment

 City

 State

 Zip Code

Phone Number:

 Signature

 Date

PLEASE NOTE:

When submitting a change of name form the following documentations are needed:

1. Court order
2. Copy of driver's license and/or birth certificate