

Maryville College

Office of the Registrar

Request for Official Name Change

Please print clearly

Current Name on College Records _____
First Middle Last

Student ID# or SS# _____ Date of Birth _____

New Name for College Records _____
First Middle Last

I certify that the information provided on this form is true. I understand that this name change will become effective at the end of the current semester and/or prior to the next semester.

Student Signature _____ Date _____

All requests for name changes require an original signature of the student. Forms without a signature will not be processed.

Along with this form, you must submit one of the following forms of legal documentation that pertains to the circumstances of your name change:

Name Change by Marriage:

- Certified copy of marriage certificate or
- Certified copy of abstract of marriage

Name Change by Dissolution of Marriage:

- Certified copy of dissolution of marriage judgment with maiden name restored

Name Change by Court Order:

- Certified copy of court order changing your name

Name change by Naturalization:

- Certified copy of naturalization certificate (N-550 or N-570) and
- Certified copy of your Application for Naturalization (N-400) with request for change of name

Return your completed request in person, by mail, or by fax, to:

Maryville College

Office of the Registrar

502 E. Lamar Alexander Pkwy.

Maryville, TN 37804-5907

FAX: 865-273-8881

Email: registrar@maryvillecollege.edu

For Office Use Only

Date Processed: _____

Initials: _____

Request to Reflect Official Name in Other Campus Systems

Please print clearly

Current Name on College Records _____

First

Middle

Last

Student ID# _____

New Name for College Records _____

I request that my official name be reflected in each of the following:

- ☐ Computer Login Account Name
- ☐ Email Address
- ☐ Tartan Login and Class Rosters
- ☐ Student ID Card

I certify that the information provided on this form is true. I understand that this name change will become effective at the end of the current semester and/or prior to the next semester.

Student Signature _____ Date _____

All requests for name changes require an original signature of the student. Forms without a signature will not be processed.

Return your completed request in person or by email to:

Maryville College
Office of Institutional Technology
Fayerweather Hall, Ground Floor
502 E. Lamar Alexander Pkwy.
Maryville, TN 37804-5907
865-981-8140
Email: support@maryvillecollege.edu