



## Alumni Name Change Request Form

First Name on File: \_\_\_\_\_ Last Name on File: \_\_\_\_\_

Name at time of graduation (*if different*): \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

New First Name: \_\_\_\_\_

New Middle Name: \_\_\_\_\_

New Last Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Check Reason for name change request:

Correction of Error  Court Order  Marriage  Divorce  Other \_\_\_\_\_

I request that my current name be changed and reflected on Appalachian State University records as listed above. I certify that I am the above named person and the information I have provided is accurate.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

***Current employees of Appalachian State University must contact Human Resource Services with name change requests.***

Mail to: Alumni Records  
Advancement Services  
ASU Box 32014  
Boone, NC 28608-2014