



Legal Name Change Request

Office of the Registrar, Eckhart Hall 1ST Floor,
347 S. Gladstone Ave. Aurora, IL 60506
Phone: 630-844-5462 Fax: 630-844-5463
registrar@aurora.edu

STUDENT INFORMATION

Student ID Number or SSN: _____

Current Name on File: _____
Last, *First* *Middle*

New Name: _____
Last, *First* *Middle*

Have you submitted a Graduation Application: Yes No

Please note: diploma will reflect legal name on student record. Name change request must be submitted no later than 2 weeks after the last day of the graduating term to ensure diploma reflects updated name. Replacement diplomas can be ordered at a cost by contacting the Registrar's Office.

The Registrar's Office requires two forms of identification reflecting the new name in order to process an official name change. Accepted documents include a driver's license, government issued ID, birth certificate, marriage certificate, divorce document, court order, naturalization papers, updated social security card, or passport.

Please submit copies of the documents, along with this form, to the Registrar's Office via one of the following methods.

***** MUST BE NOTARIZED UNLESS SUBMITTED IN PERSON OR SENT FROM STUDENT'S AU EMAIL ADDRESS. *****

Email: registrar@aurora.edu

Fax: 630-844-5463

Mail/Drop Off: Registrar's Office, 347 S. Gladstone Ave, Aurora, IL 6050

I hereby authorize the Office of the Registrar at Aurora University to update my name in the system:

Student Signature: _____ Date: _____
(Our office does not accept electronic signatures.)

CONTINUING STUDENTS:

Please contact Information Technology Services at 630-844-5790 or itshelp@aurora.edu if you would like to be issued a new university login at the end of the current term.

-----OFFICE USE ONLY-----

Initial/Date the following: Entered in Colleague _____ Emailed itshelp _____ Emailed student _____ Grad App Checked (SGRD) _____