



900 Lafayette Blvd.  
Bridgeport, CT 06604  
Fax: (203) 332-5251

## CHANGE OF NAME FORM

### REGISTRAR'S OFFICE

**Students: Name(s) can only be changed with LEGAL DOCUMENTATION.  
Certified copy of Marriage Certificate, Court Order, or Divorce Decree.**

*A Drivers License and/or S.S. Card are NOT considered a legal document for name changes.*

BANNER ID

DATE OF BIRTH

SOCIAL SECURITY NUMBER

@ \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Current Name on File

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

(Please Print Neatly & Clearly)

---

### New Name

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

(Please Print Neatly & Clearly)

Check Box Below if:

Change of Address Form is attached.

If you have submitted a Graduation Evaluation Form.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that my name **CANNOT** be changed unless the required legal documentation is attached.*

**\*Please Note:** You should notify the Social Security Administration Office with all name changes.

If you are an HCC Financial Aid Recipient-Please submit a 2<sup>nd</sup> copy of your "NAME" change to their office-Room A102