

NAME CHANGE FORM

Your name in our records must match the name shown on your Social Security card. Please submit a copy of your Social Security card with this form. You may submit this form and documentation to the Registrar's office Monday - Friday between the hours of 8:00am - 5:00pm. Upon submission of proper documentation, your request will be completed within 48 hours.

Name currently in AMI records: _____

Name Changed to: _____

Student ID #: _____

Phone number: _____

Email: _____

Signature: _____ Date: _____

For Office Use Only

Received by: _____

Date: _____ Time: _____

Corrected by: _____ Date: _____