



**CAPITAL UNIVERSITY LAW SCHOOL
NAME CHANGE REQUEST**

CURRENT NAME: _____
(Last) (First) (MI)

CHANGE NAME TO: _____
(Last) (First) (MI)

STUDENT ID #: _____

REASON FOR CHANGE: _____

This name change is to be reflected on my school email address:

Yes or No (Please Circle one)

PROOF OF NAME CHANGE, PLEASE ATTACH:

- Court Order
- Divorce Decree
- Marriage License
- Other- please specify _____

***This is to certify that I have, on this day, made the request that Capital University Law School change this name on my permanent record.

SIGNATURE: _____
(Please sign as you wish name to appear)

DATE: _____

Please return completed form to:
Office of Records and Registration
Phone: 614-236-6440 Fax: 614-236-6818

For Office Use Only: ORR Signature: _____ Date of Change: _____