

LEGAL NAME CHANGE REQUEST FORM



Legal name changes must be initiated by the person in question, who must complete this form and submit it with listed documentation.

Submission of this form in person requires the original documents listed below.

If submitting this form by U.S. Mail, a notary public must copy each document listed below and notarize each copy.

Requests must be accompanied by original documentation of a legal name change (certified by the court) as specified below:

Complete all the information below and attach documentation:

LEGAL NAME NOW
ON WSU RECORDS

_____ First _____ Middle _____ Last

MWSU ID # _____ **Date of Birth** _____
Mo/Day/Year

CHANGE NAME TO: _____
First Middle Last

Have you submitted an AFD (Application for Diploma)? Yes _____ No _____

If not, are you planning to order a replacement diploma? Yes _____ No _____

_____ I want my Wichita State email address **CHANGED** to reflect my new name.

I affirm that the above information is correct, and that the change requested is for myself:

Signature _____ Date _____

Phone# _____ Email Address: _____

<I understand that making a false writing is a felony under Kansas law (K.S.A. 21-3771).>