

NAME CHANGE
REQUEST FORM

Two forms of legal documentation (see bottom of form for list of acceptable documentation) must be provided for name change request to be processed. The name currently on the Belhaven Academic Record will remain on the academic record until legal documentation is provided.

Date of Request:

New Marital Status: (If applicable) Married Single

Social Security Number:

Belhaven ID Number:

Mailing Address:

City:

State:

Zip:

Cell Phone:

Email:

I hereby request that Belhaven University change the name on my permanent academic record:

From:

To:

Reason for change:

I request my name be changed as requested above, and I assume all liabilities that might result from this change of name on my academic records.

Signature

Date

Submit form by email to alumni@belhaven.edu or
by mail to 1500 Peachtree St., Campus Box 158, Jackson, MS 39202

Instructions: Alumnus must provide two forms of original legal documentation prior to the Alumni Office processing the name change. Make a copy of the original document and staple the copy to this completed form. Name change may then be processed. **Acceptable forms of identification include social security card and current driver's license, passport, or government identification card.**

If you are having difficulty reading this document please contact the Office of Advancement at 601-968-8719 and we will assist you.