

# Office of the Registrar

## Name Change Request Form

Please complete this form, print, and then sign it. You must submit a signed copy of a social security card and picture ID with correct name on documentation and mail or bring to the address/building below:

Office of the Registrar  
Austin Peay State University  
Attn: Sherry Yeatts  
P. O. Box 4448  
Clarksville, TN 37044

OR bring to: Ellington Building, Room 316

Today's Date: \_\_\_\_\_

Request to change name:

Old Name \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

New Name \_\_\_\_\_  
Last First Middle

Signature: \_\_\_\_\_

**Please Note: If you are employed by the University either by being a staff member, federal work study employee or a general campus employee, you must complete your name change through the Human Resources Department located in Browning Building, Room 7C**

*For Office Use Only:* Processed in SIS \_\_\_\_\_ Processed in Banner \_\_\_\_\_  
Revised 6/24/08