



# Guilford Technical Community College

## Name Change Form

**Incorrect Name: (please print)**

\_\_\_\_\_

(First)

(Middle)

(Last)

**Correct Name: (please print)**

\_\_\_\_\_

(First)

(Middle)

(Last)

**New Address: (if applicable)**

\_\_\_\_\_

(Street)

(City)

(State)

(Zip)

**New Telephone number: (if applicable)**

Home: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**Reason For Name Change:** ( ) Marriage\* ( ) Divorce\* ( ) Court-Action\* ( ) Correction

**\* Documentation must be attached**

**Student ID #:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

**This form must be submitted to the Enrollment Services Office with appropriate documentation and signed by the person that accepts the form. Staff Person that received information:**

**Name:** \_\_\_\_\_ **Office:** \_\_\_\_\_ 09/08