Change of Name Form

To officially change your name, please print and complete the following form. After completing all fields, sign and date it, then mail or fax (no cover sheet necessary) the form to the NSU Office of Records and Registration. If you are currently enrolled, your new name will not be changed on university records until the end of the current school session. Therefore, please continue to use the name under which you registered throughout this current school session.

Nicholls State University
Office of Records and Registration
P.O. Box 2059
Thibodaux, LA 70310

Fax: (985) 449-7060 Phone: (985) 448-4153

Please print or type your name as it currently appears on University records:

Last	First		Middle/Maiden	
Social Security number			Date of Birth	
I request that the nai	me on my records be	changed to the foll	owing:	
Last	First		Middle/Maiden	
Mailing address:	Jumber and Street			
	City	State	Zip Code	
Reason for name chan	ge: *Married (date	e)		
	*Divorced (da	te)		
	*Other (explain	in)		
*A Copy of official do effective. Examples in passport. Note that a d	clude a marriage licer	nse, divorce decree, l		
New Signature:			Date:	