



NAME CHANGE REQUEST

Loyola University Chicago, Registration and Records
820 N. Michigan STE 510, Chicago, Illinois 60611
Phone: 312.915.7221 , Fax: 312.915.6452
www.luc.edu/regrec

Current Student ___ **or Former Student** ___

Personal Information

Name Currently Appearing in LOCUS (*print clearly*): _____

Other Names Used: _____

Student ID: _____ Last four digits of SSN#: _____ Gender: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ E-mail address: _____ Date of Birth: _____

Dates of Attendance or Graduation (*only if a former student*): _____

Degree Earned: _____

Division/Department: _____

New Name (*print clearly include diacritical marks*)

Last Name

First Name

Middle Name

Present this form to a notary public. It may also be presented in person to the Office of Registration and Records, please call ahead to ensure our Notary is in the office. Once notarized, submit this form (by mail or fax to the above address, or in person) to the Office of Registration and Records. Include a clear photocopy of the documentation presented to the notary public for identification purposes.

Acceptable Documentation:

For Current Students - certified copy of a marriage license or court order reflecting name change or dissolution decree reflecting the new name in full, and government issued ID.

For Former Students - court order reflecting name change and government issued ID.

International Students. The names of international students in LOCUS (Loyola University Chicago's student information system) should match the student's name as it appears on the student's passport. International students wishing to change their names in Loyola's records should provide government-issued identification corresponding to the new name. International students must also contact the Office of International Affairs.

Please change my primary name as it appears in the student information system (LOCUS). I presented these documents to the notary public to certify my new name: _____

Student Signature - **signed name is required , typed name is not accepted** (*signed in presence of a Notary Public*):

_____ Date: _____
Student Signature (**signed, not typed**)

State of _____

County of _____

Signed before me by _____ on _____ (date)

(seal)

Signature of Notary Public