

## NAME/ADDRESS CHANGE FORM

Name: \_\_\_\_\_

E#: \_\_\_\_\_

(If E# is unknown please provide date of birth)

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

Date: \_\_\_\_\_

### NAME CHANGE

Please provide a copy of **one** of the following documents to support your request:

- Certified copy of a marriage license
- Court order
- Dissolution decree reflecting the new name in full
- Current passport
- Official proof of identity certified by an embassy

**OR** a combination of Social Security Card plus a state or federal photo ID both showing new name.

Name currently on records: \_\_\_\_\_

Name as you want it on your records: \_\_\_\_\_

ALL former names: \_\_\_\_\_  
(including any nicknames or maiden name you may have used on your records)

Circle one:      Married              Single

**If you are a current student and have applied for graduation, do you want your name on your diploma to be changed to the name your records will now be under?      \_\_\_\_ YES      \_\_\_\_ NO**

**If you wish to have your net ID/User ID or e-mail account reflect your name change, contact [itshelp@eiu.edu](mailto:itshelp@eiu.edu).**

### ADDRESS CHANGE

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_

If you have applied for graduation, do you want your diploma mailed to this address? Yes No

Is this your permanent or student mailing address?

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OFFICE OF THE REGISTRAR  
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