



**michigan school**  
of psychology

## Student Record Change Form NAME CHANGE

Name: \_\_\_\_\_ Student I.D. \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NAME *Sample Documentation: Marriage Certificate, Name Change Petition*

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

Document Provided for Change (Submit Copy) \_\_\_\_\_

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

A new email address will be assigned with your new name.

**Instructions: Upon completion and signature, return form with documents to Registrar's office**

\_\_\_\_\_  
FOR OFFICE USE:

Date Received \_\_\_\_\_ Date Processed: \_\_\_\_\_