



michigan school
of psychology

Alumni Record Change Form NAME CHANGE

Name: _____

Social Security Number _____

Birthdate _____

Dates Attended: _____

Degree(s) Earned: _____

Signature: _____ Date: _____

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

New Name: _____

Document Provided for Change (Submit Copy) _____

Former Name: _____

**Instructions: Upon completion and signature, return form with documents to the Registrar's office.
You may email it to cpyeatt@msp.edu or fax to (248) 476-1125.**

FOR OFFICE USE:

Date Received _____ Date Processed: _____