



Name Change Request Form

Please complete this form and return it to the Registrar's Office to update your name in our system.

You must provide official documentation in order to change your name (ex: social security card, marriage license, divorce decree, or another official court document).

The Registrar's Office processes name change requests at the end of each semester.

Previous name _____
(First) (Middle) (Last)

New name _____
(First) (Middle) (Last)

Lourdes I.D. _____ **OR** Social Security Number _____ - _____ - _____

Phone Number (_____) _____ - _____ Email Address _____

Please check the boxes and sign below:

- I verify that I have provided official documentation of my name change.
- I understand that my name cannot be changed in the Lourdes system until the end of the semester.

Signature _____ Date _____

Return this form and official documentation to the Registrar's Office in St. Clare Hall 139.

Mail:
Registrar's Office
Lourdes University
6832 Convent Boulevard
Sylvania, OH 43560

Fax:
419.824.3962

Email:
Registrar@Lourdes.edu

Do you have questions? Please call us at 419.824.3817.