

CHANGE OF NAME

**VALPARAISO UNIVERSITY SCHOOL OF LAW
Office of the Registrar
656 S. Greenwich St. - Wesemann Hall
Valparaiso, IN 46383
219-465-7840**

Date: _____ **VU ID#** _____

Social Security Number: _____ - _____ - _____

Current Email Address: _____

Former Name: *Please print*

Last

First

Middle

Former Marital Status: (please check one)

Single _____ Married _____ Divorced _____ Widowed _____ Separated _____

Current Name: *Please print*

Last

First

Middle

Current Marital Status: (please check one)

Single _____ Married _____ Divorced _____ Widowed _____ Separated _____

Documented proof (marriage certificate or court documentation) is required.

Documentation provided: _____

Signature: _____

