



CHANGE OF NAME FORM

TOWSON UNIVERSITY
Office of the Registrar/Registration Office
8000 York Road
Towson, Maryland 21252-0001
Phone: 410-704-2701 Fax: 410-704-2006

Please return completed form to the Office of the Registrar, Enrollment Services Center, Room 223.

Official documentation and/or valid identification are required for any name change request.
(Valid U.S. driver's license or military I.D., Valid Passport, Marriage license or Court Order)

Contact the Office of Technology Services at 410-704-5151 to change your email and username.

PLEASE PRINT LEGIBLY

TU Student ID#: _____ Social Security Number: (optional, TU ID preferred) _____

Home Phone: () _____ Work Phone: () _____

Expected graduation date: _____

Name as it *should* appear:

Last Name	First Name	M. I.	Suffix

Previous Name:

Last Name	First Name	M. I.	Suffix

Reason for request

Spelling Correction Marriage Reverting to Maiden Name Court Order

By signing this form, I state that the information provided is truthful and correct.

Student's Signature: _____ Date: _____

EMERGENCY CONTACT (optional)

Name: _____ Relationship: _____

Phone: _____

OFFICE USE ONLY

PROCESSOR'S INITIALS	DATE	(Revised 2/12/08)
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