



NAME CHANGE FORM - CHICAGO CAMPUS

17 North Dearborn Street • Chicago, IL 60602

registrar@adler.edu

Registrar Phone: (312) 662-4130

FORM ACCEPTED VIA E-MAIL ONLY

NAME CHANGE:

I, _____ / _____ / _____
Print Student First Name - CURRENT NAME ON RECORD
Print Student Last Name - CURRENT NAME ON RECORD
Student ID OR LAST FOUR OF SSN

WOULD LIKE TO CHANGE MY NAME TO:

First Name: _____
Middle Name: _____
Last Name: _____
Suffix: _____
IMPORTANT:
• Office of the Registrar - will update your academic record...
• IT - will update your name to display your new name...

REMINDERS:

- 1. Please attach a copy of documentation of the name change...
2. If you previously submitted a graduation application, this form does not update your diploma name...
3. This form is the only method to update your name in the University's student information system.

Student Signature: _____ Date: _____
Electronic or typed signatures are accepted for this form ONLY when submitted through your Adler e-mail account.

Registrar's Office Use Only:
Rep Initials & Date Received: _____ Rep Initials & Date Processed: _____
HAS STUDENT EARNED A DEGREE YES NO
IF YES, FORWARD A COPY OF THIS FORM TO ALUMNI AFFAIRS
DATE ALUMNI AFFAIRS NOTIFIED: ____/____/____
IS STUDENT CURRENTLY AT ACTIVE STATUS YES NO
IF YES, PLEASE INFORM THE IT HELP DESK
DATE IT HELP DESK NOTIFIED: ____/____/____