



NAME CHANGE FORM -
ONLINE CAMPUS

onlineregistrar@adler.edu

*****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: _____

REMINDERS:

- 1. Please attach a **copy** of documentation of the name change (divorcee decree, driver’s license, etc.).
- 2. If you previously submitted a graduation application, this form **does not** update your diploma name. Please contact the Office of the Registrar at onlineregistrar@adler.edu if you wish to make a change to 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*****

IS STUDENT CURRENTLY AT ACTIVE STATUS YES NO
*****IF YES, FORWARD A COPY OF THIS FORM TO THE IT HELP DESK*****