

Name Change Request Form

Office of the Registrar



UNIVERSITY OF
ST. THOMAS

**Must be accompanied by acceptable legal documentation of name change as defined below
(Social Security Card, Driver's License, Passport, Court Order, etc.)**

UST Student ID Number

Date of Birth (MM/DD/YYYY)

Change Name FROM:

Last Name

First Name

Middle Name

Change Name TO: (Please print/type EXACTLY as you wish it to appear)

Last Name

First Name

Middle Name

Reason for Name Change:

☐

Marriage

☐

Divorce

☐

Court Order/Naturalization

☐

Misspelling

☐

Other

I understand that the new name will appear on all official University of St. Thomas records and on my diploma. I also understand that I may not submit this form without legal documentation demonstrating that my name has been legally changed for the reasons indicated above.

Signature

Date

☐

I am a Current UST Employee

☐

I am a past UST Employee

☐

I am a Current UST Student Employee

☐

I am a past UST Student Employee

**Submit completed form to University of St. Thomas, Office of the Registrar, 4115 Yoakum Blvd, TX. 77006-4626
Any questions may be directed to 713-525-2150 or registrar@stthom.edu**

OFFICE USE ONLY

Processed by: _____

Date: _____

☐

Marriage License

☐

Divorce Decree

☐

Birth Certificate

☐

Passport

☐

Permanent Resident Card

☐

Naturalization Certificate

☐

Court Order

☐

Driver's License

☐

Social Security Card