



LASALLE UNIVERSITY
OFFICE OF THE UNIVERSITY REGISTRAR
 1900 West Olney Avenue – Box 818
 Philadelphia, PA 19141

Name Change Form

Directions: Please complete all fields on this form and submit to the Registrar’s Office along with proof of identification.

La Salle Student ID#: _____ and/ or SSN: _____

Former Name:

First: _____ Middle: _____ Last: _____ Suffix: _____

New Name:

First: _____ Middle: _____ Last: _____ Suffix: _____

Dates of Attendance/Graduation: _____

Phone: _____ E-mail Address: _____

Proof of identification is required:

- | | |
|--|--|
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Driver’s License/State ID | <input type="checkbox"/> Court Issued Document |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Divorce Decree |
| <input type="checkbox"/> Marriage License | |

*****Students who are receiving any form of federal or state student aid are required to change their name with the Social Security Administration before changing their name with La Salle University.*****

My signature authorizes La Salle University to use this name on all academic records and for all future transactions

Signature (REQUIRED): _____ **Date:** _____

Mail:
La Salle University
Registrar’s Office, Box 818
1900 West Olney Ave
Philadelphia, PA 19141

Fax:
215-951-1225