

Completed By:

Office of the **Registrar**

Name Change Request

This form is to be used by individuals to change their legal name within Kean University's student records.

Current First Name	Current Middle Name	Current Last Name	Current Suffix
		-or-	
Kean Uni	iversity ID Number	Social Security Number	
Contact Information:			
mail Address		Phone Number	
Update Name:	Applicant		
	Current Student		
		raduation? Yes No have applied for graduation may result ean University Diploma and Final Trans	
	☐ Alumni/Alumnae/Former St	tudent	
		ffice of Human Resources for name ch ources-forms-policies for additional info	
Reason for Change:	☐ Correction of Error		
	☐ Legal Name Change		
	☐ Marriage or Divorce		
	Other:		
Requested Name: any field below is non-	applicable, please leave it blank.		
First Name		Middle Name	
Last Name		Suffix	
		notos of documents are accepted).	
wo forms of identification 1. One primary in	ation are required (copies and ph	le an updated government-issued p	photo ID such as a
 One primary in driver's license One secondar 	ation are required (copies and phemore at the dentification, which may include, passport, or permanent reside	le an updated government-issued p nt (Green) card. lude a birth certificate, Social Secu	

required documents to regme@kean.edu. OFFICE USE ONLY:

Date Completed:

Form Revised:

9/15/2023