



Office of the Registrar
50 6th Avenue South
Ellendale, ND 58436
Ph: (701) 349-5796
Fax: (701) 349-5786

Name Change Request

Instructions:

- A. If this form is being used to correct spelling, it must be accompanied by a copy of a positive form of ID. Acceptable documents are a driver's license, birth certificate, or a passport.
B. If this form is being used to change to a different name (first, middle, or last), it must be accompanied by a copy of the legal document authorizing the change. Acceptable documents are: Marriage Certificate, Divorce Decree, or a court issued Judgment for Name Change.

Student Information:

Student ID or Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Name on Record:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Requested Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Status:

- \_\_\_\_\_ Currently Enrolled
\_\_\_\_\_ Former Student (non graduate)
\_\_\_\_\_ Graduate of Trinity Bible College

Contact Information:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone # (best contact): \_\_\_\_\_ [ ] Home [ ] Cell [ ] Work

Please Read Before You Sign: I affirm that the request for a change of name in the Registrar's records has no fraudulent or criminal purpose and that I am presently known by this name and no other. Further, I certify that it is my intent to use this name consistently for these purposes at Trinity Bible College.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Staff Name: \_\_\_\_\_ Staff Title: \_\_\_\_\_ Date Processed: \_\_\_\_\_