



HOFSTRA UNIVERSITY®

OFFICE OF ACADEMIC RECORDS

207 Memorial Hall
126 Hofstra University
Hempstead, New York 11549-1260

CHANGE OF NAME FORM

Please type or print in ink. Upon completion, please return this form to the Welcome Desk in 206 Memorial Hall. For your convenience, you may fax this form with the appropriate documentation (e.g., birth certificate, marriage license) to the Office of Academic Records at (516) 463-6421 or mail this form with copies of the appropriate documentation to: Office of Academic Records, 207 Memorial Hall, 126 Hofstra University, Hempstead, NY 11549-1260. If you have any questions, please call (516) 463-6680. Thank you.

The undersigned deposes and says that his/her name as currently recorded on the official Hofstra University records is:

First Middle Last

The undersigned now wishes the form of his/her name in Hofstra's records to be changed to:

First Middle Last

- for the reason(s) checked: [ ] MARRIAGE - original certificate or copy must be shown
[ ] DIVORCE - original decree or copy must be shown
[ ] OTHER - appropriate documentation required

(State reason)

Date of Birth

Student ID #

- [ ] Graduate Student [ ] Undergraduate Student
[ ] Currently Enrolled [ ] Not Currently Enrolled

Street Address

City State ZIP

Signature of Deponent Date