



Name Change Form

Check One:

Legal Change

Please attach photocopy
of updated Social Security Card
showing new name.

Correction

Due to erroneous data on school records

Student G#: _____ **Date:** _____

Previous Name: _____

New Name: _____

Permanent Address: _____

Local Address (if different from permanent address): _____

Phone#: _____

Email Address: _____

Next of Kin: _____ **Relationship:** _____

Fax completed form to: **(616) 331-2000**

email: **RegDept@gvsu.edu**

Mail to: Registrar's Office

1 Campus Drive Allendale, MI 49401