

**CHANGE OF NAME FORM**

This form must be accompanied by a certified copy of the original document.

Student ID Number \_\_\_\_\_

Date \_\_\_\_\_

New Name \_\_\_\_\_  
(Please Print)

Old Name \_\_\_\_\_  
(Please Print)

Contact Number \_\_\_\_\_

HU Email \_\_\_\_\_

<b>Reason for Name Change:</b>	
Adoption	
Divorce	
Marriage	
Other	

<b>Please Select Your Level</b>	
Graduate	
Professional	
Undergraduate	
CE or Online	

Student's Signature \_\_\_\_\_