

NAME CHANGE FORM

Jacksonville University Registrar's Office

Name Change From (Please Print)		
	Name Cha	ange To (Please Print)
JU ID #	 Signature	Date
Reason For Cha		
Correction		
Please attached	copy of document	
Citizenship		Court Papers
Marriage Certificate		Marriage Dissolution
Other		
Registrar's Use O	nly:	
Updated by:		Date: