Request to Change Student Record Information

Bates College Office of the Registrar and Academic Systems

Current Name:			Date:		
ID:	Class:				
Name Change: Please print your name change pr Forum. For legal name changes, b notarized copy is acceptable in lie	ring an original form of docume	entation listed	d below supporting	the requested	•
I wish my name to be changed to	o (mark only the fields chang	ing):	reason:	☐ change	☐ correction
First:	Mid	dle:			<u> </u>
Last:	Pref	erred first:			
Prefix:	Suff	ix:			
Acceptable forms of documenta					_
 Social Security card Current, valid U.S. passport Current, valid home country passport Court Order granting a name change 		•	Valid Driver's License or State ID card Birth Certificate Certificate of Naturalization		
Home Mailing Address Cha Note your new address clearly					
Street 1:		☐ this a	ddress change al:	so applies to r	my parents
Street 2:					
City:	State:		Zip:		
Country:					
I HEREBY REQUEST THAT A CHA ABOVE:	NGE BE MADE TO MY BATES	COLLEGE R	ECORDS TO REFL	ECT THE CHA	NGE NOTED
Signature:			-		
Registrar's Office use only					
Dracessed by	Data				