



**Enrollment Services**  
**125 Michigan Avenue NE**  
**Washington DC 20017**  
202.884.9530 fax: 202.884.9524  
Email:enrollmentservices@trinitydc.edu

## Request for Name Change

**Currently Enrolled Students:** If you currently are enrolled in courses at Trinity, a name change request must be accompanied by appropriate documentation (government issued ID, passport, court order, marriage license or divorce decree) **and** your social security card.

[*For students nearing graduation:* your diploma will reflect your name of record on the date of your graduation.]

**Alumni/Former Students:** If you have graduated or stop attending, please contact the Office of Alumnae Affairs to update your name and/or contact information.

### Please print clearly.

- I have been enrolled at Trinity Washington University under the name of:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

- I would like my permanent records to be changed to:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

- Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

- Official documentation presented (in addition to social security card):

\_\_\_ Photo ID \_\_\_ Passport \_\_\_ Court order \_\_\_ Marriage license \_\_\_ Divorce decree

Please sign below if you have read and understand the information included on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Use Only:**

Date Received: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_