

Records Office

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Name Change Form

SSN: _____

Effective Date: _____

Former Name: _____

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Are you **currently enrolled** at Bemidji State University? Yes No

When a name change is requested by a student, **proof of authenticity** must be reviewed prior to making the change. Proof of authenticity includes a picture ID and a form of documentation. This documentation may include any one or more of the following.

- Marriage Decree
- Court Order
- Certificate of U.S. Citizenship
- Divorce Decree
- Driver's License
- Other official documentation recognized by the college/university.

I certify that all the information listed above is true and accurate. I understand that I am responsible for any errors resulting from this change.

Office Use Only
___ DARS
___ Computer Services
___ File Updated

Student Signature

Please Note: If you are a **Financial Aid Applicant/Recipient**, you must provide the Financial Aid Office with a copy of your new Social Security card reflecting your current legal name. In all cases involving a legal name change, this is requirement prior to awarding any future aid.