

BEMIDJI STATE UNIVERSITY
Records & Registration Office
Deputy Hall, Room 101, #12
1500 Birchmont Dr.
Bemidji, MN 56601
218/755-2020 Fax: 218/755-4409
records@bemidjistate.edu

Name Change Form

SSN: _____

Effective Date: _____

Former Name: _____

New Name: _____
Last First Middle

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

Have you filed graduation plans with the Records Office? Yes No

If yes, please indicate how you would like your name printed on your diploma:

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
- Divorce Decree
- Other official documentation
- Court Order
- Driver's License
- Certificate of U.S. Citizenship

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

Student Signature: _____

Office Use ONLY

- ____ ISRS
- ____ DARS
- ____ ImageNow
- ____ Email Address
- ____ Financial Aid

Please Note: If you are **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 a requirement prior to awarding any future aid.