



Trinity

Please return this form to the following office:

Fax: 202-884-9084 or

Mail: Trinity: Office of Continuing Education
Main Hall 228
125 Michigan Ave. NE
Washington, DC 20017

Request For Name Change

Currently Enrolled Students: A name change request must be accompanied by appropriate documentation. You must present photo id that reflects the name you would like your Trinity records to be changed to along with a court order, marriage license, or divorce decree as appropriate.

Please Print Clearly

I have been enrolled at Trinity under the name of:

First: _____ Middle: _____ Last: _____

I would like my permanent record to be changed to:

First: _____ Middle: _____ Last: _____

Date of Birth: ____ / ____ / ____ SSN ____ - ____ - ____

Official Documentation presented (in addition to Photo ID):

_____ Court Order _____ Marriage License _____ Divorce Decree

By typing my name below I indicate that I have read and understand the information in this form.

Name: _____ Date ____ / ____ / ____

Office Use Only Date Received: _____ Entered by: _____ Date: _____