

The Seattle School

OF THEOLOGY & PSYCHOLOGY

Legal Change of Name Form

Date: _____ ID: _____

Former Name:

First: _____ Middle: _____ Last: _____

New name:

First: _____ Middle: _____ Last: _____

Reason for change in name:

New Address:

Please submit to the Academics Office: this completed form, a copy of a legal document verifying this name change AND a copy of your Social Security Card.

Route To: _____ Academics _____ IT _____ Fin. Aid _____ Business Office _____ Library