

Name Change

RUConnected ID # _____

Date of Birth _____

FORMER NAME
LAST Name
FIRST Name
MIDDLE Name

NEW NAME
Effective date of this information is:
Legal LAST Name
Legal FIRST Name
Legal MIDDLE Name

Please note: Students must submit with this form a copy of one of the following documents to authenticate the name change: valid driver's license, marriage license (the official government document), passport, social security card, court order or dissolution decree.

By signing below I certify that all the records of Rush University should be changed to my new name. I also understand that any permanent record that may have been microfilmed will not be changed, but that every attempt will be made to cross-reference the names. Additionally, by signing below, I acknowledge having been informed that my Rush University e-mail account will be changed to reflect my new name, and that the e-mail account under my former name will only exist for a finite period after the name change.

Student's Signature: _____ Date: _____

FOR OFFICE USE: Date _____ By _____

Return this form to: Office of the Registrar • Suite 440 • 600 S. Paulina Street, Chicago, IL 60612