

NORTH CAROLINA A&T STATE UNIVERSITY
Office Of The Registrar
1601 East Market Street
Greensboro, NC 27411



**CHANGE
OF
NAME**

OFFICE (336) 334-7595 FAX (336) 256-2715

**Please note a copy of the court action legalizing the change must accompany this form!*

Banner ID# _____	Presently Enrolled? <input type="checkbox"/> YES <input type="checkbox"/> NO
First Name _____ Middle Name _____ Last Name _____	First Enrollment Term _____
Home Phone _____ Cell Phone _____	Last Enrollment Term _____
Student's Signature: _____	Date: _____

Former Name	(Please print clearly. Enter complete name.)		
Name: _____	_____	_____	_____
	Last Name	First Name	Middle Name
New Name	(Please print clearly. Enter complete name.)		
Name: _____	_____	_____	_____
	Last Name	First Name	Middle Name

<p>Mail completed request form to: North Carolina A&T State University Office of the Registrar 1601 E. Market St Greensboro, NC 27411 or Fax completed request form to: 1-336-256-2715</p>	<p>Changing Your Name?</p> <p>Attention Students!</p> <p>A COPY OF THE COURT ACTION LEGALIZING THE CHANGE MUST ACCOMPANY THIS FORM!!</p>
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FOR REGISTRAR'S OFFICE USE ONLY

Date Request Received: _____	Date Processed: _____
Request Processed By: _____	_____