

**Suffolk University  
NAME CHANGE FORM**

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***This form cannot be used by Suffolk Employees. If you are an employee and need to request a name change, please contact Human Resources.***

Suffolk University requires legal name to be used on academic records and other official University documents. To change your name on Suffolk University records, you must submit this form, in-person or by mail, to the appropriate Office listed with documentation of a legal name change. If legal name change is sent by mail, the documentation must be notarized.

College Registrar's Office: Office of the Registrar  
Suffolk University  
41 Temple Street  
Boston, MA 02114

Undergraduate Admission: Office of Undergraduate Admission  
Suffolk University  
8 Ashburton Place  
Boston, MA 02108-2770

Graduate Admission: Office of Graduate Admission  
Suffolk University  
8 Ashburton Place  
Boston, MA 02108-2770

Law School Office of Academic Services: Office of Academic Services  
Suffolk University Law School  
120 Tremont Street, Suite 130  
Boston, MA 02108-4977

Law School Office of Admissions: Office of Admissions  
Suffolk University Law School  
120 Tremont Street  
Boston, MA 02108-4977

Advancement: Office of Advancement  
Suffolk University  
8 Ashburton Place  
Boston, MA 02108-2770

<b>Required Documentation</b>
New Name ( <i>one of the following</i> ) <ul style="list-style-type: none"><li>- Government-issued photo ID</li><li>- Social Security Card (<b>REQUIRED FOR EMPLOYEES</b>)</li><li>- US or International Passport</li></ul>
<b>AND</b>
Proof of Former Name ( <i>one of the following</i> ) <ul style="list-style-type: none"><li>- Suffolk ID reflecting former name or legal document of name change (i.e. marriage certificate or other legal document containing both the new and former name)</li></ul>

## Suffolk University NAME CHANGE FORM

To accurately identify you please fill in the following information

SUFFOLK UNIVERSITY ID (Alumni fill in if known)							SEMESTER AND ACADEMIC YEAR LAST REGISTERED <b>(Students Only)</b>							SCHOOL/UNIT																		
1	2	3	4	5	6	7	0	0	0	0	-	Y	Y	Y	Y																	
FORMER FIRST NAME																																
1	2	3	4	5	6	7	8	9	0	1	2	3	4					5	6	7	8	9	0	1								
FORMER MIDDLE NAME														BIRTH DATE																		
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	M	M	D	D	Y	Y	Y	Y				
FORMER LAST NAME (/) SUFFIX																																
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0			
<b>CURRENT CONTACT INFORMATION</b>																																
CURRENT HOME ADDRESS																																
	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0			
CURRENT STATE	1	2	CURRENT ZIP	1	2	3	4	5	CURRENT CITY	1	2	3	4	5	6	7	8	9	0	1	2	3	4									
CURRENT PHONE NUMBER																																
1	2	3	4	5	6	7	8	9	0	1	2	3	4		1	2	3	4	5	6	7	8	9	0	1	2	3	4	5			
<b>-- BELOW ONLY ENTER THE INFORMATION THAT HAS CHANGED --</b>																																
NEW LEGAL FIRST NAME																																
1	2	3	4	5	6	7	8	9	0	1	2	3	4													5	6	7	8	9	0	1
NEW LEGAL MIDDLE NAME																																
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1												
NEW LEGAL LAST NAME (/) SUFFIX																																
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0			
<input type="checkbox"/> I certify that all information supplied is accurate and truthful																																
Signature:																		Date														
Authorized Signature:																		Date														

Indicate Required Documentation Supplied*	
New Name <i>(one of the following)</i>	<input type="checkbox"/> Government-issued photo ID <input type="checkbox"/> Social Security Card <b>(REQUIRED FOR EMPLOYEES)</b> <input type="checkbox"/> US or International Passport
Proof of Former Name <i>(one of the following)</i>	<input type="checkbox"/> Suffolk ID reflecting former name <input type="checkbox"/> Legal document of name change (i.e. marriage certificate or other legal document containing both the new and former name)

NOTARY STAMP HERE (if mailing)
Notary Signature:
Date:

\*Proof of both New Name **AND** Former Name is required  
 Colleague \_\_\_\_\_ Campus Cruiser \_\_\_\_\_ Email Notification to student \_\_\_\_\_  
*Suffolk University requires legal name to be used on academic records and official University documents.*  
 (Rev. 9\_12\_11)