

NAME CHANGE FORM

Current information on file			
First Name:		Student ID #:	
Middle Name		- Email:	
Last Name:		- Linaii.	
		-	
New name to change record to			
First Name:		-	
Middle Name		-	
Last Name:		_	
Please include at least one document that illustrates your change of name. Name changes are not processed until supporting legal documentation has been received.			
Legal Documentation is defined as:			
	iage certificate		
	certificate rce degree		
 Pass 	sport		
	er's license e identification		
	al Security card		
	rt order showing name change		
Signature			Date

Please email the completed form and at least one form of legal documentation to registrar@cffp.edu