



Office of the Registrar – 545 Lane Avenue, Jackson, Tennessee 38301 (731) 426-7600 – email: registrar@lanecollege.edu

REQUEST FOR NAME CHANGE FORM (STUDENT)

Former Name: _____
Last First MI

New Name: _____
Last First MI

SSN#: _____ Date of Birth: _____
Month Day Year

SPECIAL NOTE:

In order to change your name on your official record, we will need a copy of one of the following items:

- Social Security Card
- Picture Government Issued Identification:
 - Driver's License
 - State Identification Card
 - Passport

Your new name **MUST** appear on any documents that you submit in support of your request.

I understand that LANE COLLEGE will continue to retain my former name as well as my new name in its records. I also understand that LANE COLLEGE may disclose my former name in accordance with applicable law.

I request that my name be changed in official LANE COLLEGE records in accordance with policy and this form:

Signature Date

Do not write below this line.

Registrar's Office Use Only:

Received _____ Processed _____ By _____