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## NAME CHANGE REQUEST FORM

Complete this form, print, and sign it. You must submit a signed copy of a social security card and picture ID with correct name on documentation and mail or bring to the address/building below:

Mail to: Office of the Registrar  
Austin Peay State University  
P. O. Box 4448  
Clarksville, TN 37044

Or

Bring to: Ellington Building, Room 316

ATTN: Sherry Yeatts

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**Request to change name:** Date \_\_\_\_\_

Previous Name \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_

Student ID \_\_\_\_\_

Are you now or have you ever been an APSU employee? \_\_\_\_\_ yes \_\_\_\_\_ no

**\*Please see note below!**

New Name \_\_\_\_\_  
Last First Middle

Signature \_\_\_\_\_

**\*Note:** If you are employed by the University either by being a staff member, federal work study employee or general campus employee, you must complete your name change through Human Resources Department located in Browning Building.