

NAME CHANGE REQUEST

Please complete this form, print, sign and return to the Office of the Registrar. You must have a signed copy of your social security card and picture ID with correct name on the documentation.

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

Hand Deliver: Austin Peay State University
Office of the Registrar
Ellington Building, Room 316

Current Name

A Number _____ Date _____

Name _____
Last First Middle

*Are you now or have you ever been an APSU employee? Yes___ No___

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

New Name

Name _____
Last First Middle

Preferred Name _____
Last First Middle

**Confidentiality Records Request

By checking this box, I am consenting to have my directory information confidential and withheld from all parties, to include vendors and potential employers who may contact the University or the National Student Clearinghouse for enrollment/degree verification.

**This block is optional.

Student Signature

Date