

# Name Change Request

(Please see reverse side for instructions)

BGSU ID or Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Former Name on Record (Please print):

\_\_\_\_\_  
(First, Middle, Last)

Other Former Names: \_\_\_\_\_

Last Year & Term attended, if student: \_\_\_\_\_

Current BGSU employee?    Yes    No    Current Preferred Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Name (new or corrected):

Last Name: \_\_\_\_\_  
(Please print)

First Name: \_\_\_\_\_  
(Please print)

Prefix (optional):  
Mr    Mrs    Ms    Dr

Middle Name: \_\_\_\_\_  
(Please print)

Suffix: \_\_\_\_\_

*I authorize the name change on my BGSU Records as specified above.*

\_\_\_\_\_  
Signature

FOR NOTARY USE ONLY

Current Name

\_\_\_ Social Security Card  
\_\_\_ Passport

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I certify the original document was presented to  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

*Notary Seal*

FOR OFFICE USE ONLY

Current Name

\_\_\_ Social Security Card  
\_\_\_ Passport

Originating Office \_\_\_\_\_

Accepted By \_\_\_\_\_ Date \_\_\_\_\_

Posted to Record

By \_\_\_\_\_ On \_\_\_\_\_

Verified

By \_\_\_\_\_ On \_\_\_\_\_

# Name Change Request Instructions

Office of Human Resources (Faculty/Staff)  
1851 N Research Drive, Bowling Green, OH 43403  
419-372-8421  
[ohr@bgsu.edu](mailto:ohr@bgsu.edu)

Office of Registration and Records (Students)  
110 Administration Building, Bowling Green, OH 43403-0130  
419-372-8441  
Fax: 419-372-1110  
[Registrar@bgsu.edu](mailto:Registrar@bgsu.edu)

## For Students

Bowling Green State University policy requires that the Academic Record be established in the legal name of the student at the time of attendance. A student or former student has the *option* of requesting the name on his/her Academic Record be modified to reflect a change in his/her legal name.

To protect the integrity of **your** Academic Record, we require your written authorization and documentary proof of your name change. Your written authorization should include your BGSU ID number or your Social Security Number, all former names, the year and term you last attended BGSU, a telephone number where you may be reached during the workday, your complete new name, and your signature authorizing the change. You may use the form on the reverse side of this explanation to authorize us to change your name on your Academic Record.

Documentary proof of your name change entails, with few exceptions, verification of your new name. Documents used to verify your new name or current name include a social security card or a passport. These are the only acceptable documents, whether they are presented in person, mail or fax; or are presented to a notary when requesting the name change by mail or fax. Copies may be provided in lieu of originals.

## For Faculty/Staff

Faculty/Staff must make their requests in person. When making a request in person, an individual need only provide the appropriate documentation (Social Security Card or Passport) and complete a **Name Change Request** form.