

AFFIDAVIT FOR LEGAL NAME CHANGE

To the Registrar:

As of _____, I request that my name be changed on official Dartmouth College academic records as follows:

From: _____ Class: _____
First, Middle, Last Name

ID No: _____ SSN: _____ Date of Birth: _____

To: _____
Full Legal Name (First, Middle, Last Name)

Reason for name change: _____
(Legal name change by marriage or court order; OR correction e.g. by birth certificate or spelling error.)

I have attached a notarized copy of the appropriate documentation. I fully understand, and am aware of, possible complications that may occur from this change and therefore do not and will not hold Dartmouth College liable in any way. I also understand that this change will be made in the student information system database and that the following offices will be specifically notified of this change:

- Alumni Records
- Alumni Fund
- Athletic Department
- Campus Billing and DartCard Services
- Dean of Undergraduate Students
- Dining Services
- DND
- Financial Aid
- Graduate Study
- Health Services
- International Office
- Payroll Office
- Residential Life
- Safety and Security
- Thayer School
- Tuck School

MUST BE SIGNED BEFORE A NOTARY

Student Signature: _____

Sworn to before me this _____ day of _____, _____

Notary Signature _____ My Commission Expires _____
State of _____
County of _____

Documentation and copy of College ID must accompany this form