

Change of Name:*

Please complete this form and attach a copy of a government issued photo ID with the new name. Submit this request to the Office of the Registrar. (Your email and badge will not change).

Full Legal Name: _____

New Name: _____ DOB: (mm/dd/year): _____

Have you completed the Intent to Graduate form? If yes, which name do you prefer on your diploma? _____ Which name was used for the Virginia Board of Nursing? _____ Purpose of name change: _____

NOTE: Change of address/phone/email can be completed by logging into your Campus Nexus account (<http://www.bsmcon.edu/students> scroll down, user name is first name_last name).

Or if you prefer to submit this form:

New Address: _____
P.O. Box or Street

City

State

Zip Code

New Primary Phone: () - _____ - _____ cell landline

Secondary Phone: () - _____ - _____ cell landline

Work Phone: () - _____ - _____ (ext. _____)

Primary Email: _____@_____

Signature: _____ Date: (mm/dd/year): _____

*You need to complete a name change with the social security administration first (especially if you are receiving financial aid). (<https://faq.ssa.gov/en-US/Topic/article/KA-01981>)

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