



**EMORY**  
UNIVERSITY

**Office of the Registrar**

100 Boisfeuillet Jones Center, 200 Dowman Drive  
Atlanta, GA 30322  
Phone: 404-727-6042 Fax: 404-727-4997

**NOTIFICATION OF NAME CHANGE**

Student's Last Name	First Name	Middle Name	Former Names (if any)
Emory ID	Email Address		Phone Number

The original entry of student name is processed from the original application for admission. **Name change requests must include official supporting documentation.**

**Official Supporting Documentation (please choose one option below):**

1. Marriage License plus Picture ID (which may reflect name as currently listed in OPUS)
2. Court Order plus Picture ID (which may reflect name as currently listed in OPUS)
3. Passport (must reflect new name)
4. State/Government issued ID (such as driver's license, reflecting new name)

**Please fill in ALL blanks to indicate the necessary changes:**

Previous Last Name	Previous First Name	Previous Middle Name	Suffix (other)
New Last Name	New First Name	New Middle Name	Suffix (other)

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*Please Note: The changes on this form normally take 3-5 business days to process.**