



NAME AND ADDRESS CHANGE FORM

Please select what information you would like to change: Name Change Address Change

Name

Last First Middle NEIU ID Number

New Name (*Complete only if changing your name*)

Last First Middle

If you are changing your name, do you also wish to change your NEIU e-mail address to your new name? Yes No

<p style="text-align: center;">Name Change Note:</p> <p><i>Two documents</i> reflecting the new name are required with submission of this form.</p> <p><i>One of the two documents must be a current State ID or Driver's License.</i></p> <p><i>The other can be a signed original social security card, court documents stating the new name may be used, marriage certificate, current passport, or current military ID.</i></p>	<p style="text-align: center;">Office Use Only</p> <p><i>Verify Documents Received (must select one from each document category):</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">First Document:</td> <td style="width: 50%;">Second Document:</td> </tr> <tr> <td>Current Driver's License <input type="checkbox"/></td> <td>Court Documents Allowing Name Change <input type="checkbox"/></td> </tr> <tr> <td>Current State ID <input type="checkbox"/></td> <td>Marriage Certificate <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Current Passport <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Signed Social Security Card <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Current Military ID <input type="checkbox"/></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Name verification with social security card: <input type="checkbox"/></p> <p>_____ Staff Initials Date</p> </div>	First Document:	Second Document:	Current Driver's License <input type="checkbox"/>	Court Documents Allowing Name Change <input type="checkbox"/>	Current State ID <input type="checkbox"/>	Marriage Certificate <input type="checkbox"/>		Current Passport <input type="checkbox"/>		Signed Social Security Card <input type="checkbox"/>		Current Military ID <input type="checkbox"/>
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Address Information (*complete only if changing your address*)

Street Address and Apartment Number

City State Zip Code

Phone Number NEIU Email Address @neiu.edu

Signature: _____ **Date:** _____

Return this completed form via your NEIU email to: registrar@neiu.edu, or in person to Enrollment Services in D-101.